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PERSONAL REMINISCENCES OF THE
NEW YORK HOSPITAL
FROM 1856 TO 1900

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Given by

Dr. Edwin B. Cragin

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With my warmest regards to my old
Colleague & good friend
Rt Hon

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PERSONAL REMINISCENCES
OF THE
NEW YORK HOSPITAL
FROM 1856 TO 1900*

BY

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F.A.C.S., ETC.

Attending Surgeon 1876 to 1900; Consulting Surgeon Thereafter.

I little thought, when as a lad I walked down Broadway and passed the wide, park-like entrance of the New York Hospital opposite Pearl Street with its tall iron railing and handsome iron gate opening into a broad avenue lined on each side with a double row of splendid lofty elms, that a few years later I should become one of its lesser officials. I had graduated the youngest in my class from the just established New York Free Academy and had started as a clerk with my father who was an apothecary in Grand Street. Dr. H. B. Sands, who later achieved great eminence, was also the son of an apothecary who carried on his business at Church's Pharmacy in the Bowery a few blocks from our store. During the two or three years I was acting as a clerk, I rose from taking down and putting up the store shutters to become quite expert in the manufacture of tinctures, etc., and acquired, thanks to a pleasing and diligent perusal of Wood and Bache's Dispensatory, quite a fair knowledge of medicines and their actions on the human body. Perhaps this training inclined me to the practice of medicine, but I have always been convinced that two incidents determined my career. The first was the experience I obtained from the painful ingrowing nail of my great toe. It plagued me badly for several months until my father sent me one Saturday

* This article was written for the coming History of the New York Hospital, and was published thus early at the request of Mr. Howard Townsend, President, in the number of the Hospital Bulletin for June, 1917.

to the office of Dr. James R. Wood whom I had frequently seen in our store and who was generally known by all the neighborhood as little Dr. Jimmy Wood. His office was at the corner of East Broadway and Market Street (and they were fashionable streets then). Here he held once a week a sort of clinic for his numerous students. Thither I went in due time and was ushered into his sanctum. He examined my stripped toe and while explaining to the embryo medicos the nature of my trouble, slyly took up a pair of pincers and quickly placing one jaw of this under the nail, clamped the upper jaw to and pulled the nail out. I gave a jump and a wild yell, but it didn't hurt as much as I thought it would, since the nail had been considerably loosened by the prolonged inflammation and suppuration. I went home relieved, and telling my father of it said, I'd like to be able to do like that. This impression was a few months augmented when my father slipped on the ice on the sidewalk and broke his leg. This fracture was called by Dr. Wood, who had been sent for, a Pott's fracture at the ankle with considerable turning and dislocation of the foot outwards. With much gentleness Dr. Wood raised and examined the foot, and then, with a sudden and strong twist, forced the bones into place. The patient's pain was great, but momentary, and a splint deftly applied allowed everything to progress smoothly.

The next day I announced my firm determination to become a surgeon and in brief was placed later by our family physician, Dr. Benjamin Ogden, formerly resident physician of the Bloomingdale Asylum for the Insane, in the office of Dr. Gurdon Buck, who was then one of the surgeons of the New York Hospital and also of St. Luke's Hospital. He received me as a free pupil on condition that I was to assist him at his operations and dressings, and to look after his city collections, and I later found out there was included, when I became a senior pupil, the duty that I should quiz or instruct the junior students in his office. Dr. Buck was a large man with a face somewhat German in aspect, slow in action and in speech, but having a thoughtful mind and fertile in surgical expedients. He was a very reticent person and, though I remained with him nearly three years and was considered his favorite among his eight or ten later pupils, yet when riding with him in his buggy, which he drove himself, to see his patients or to go with him to the hospital, he seldom spoke unless to reply to my inquiries, which were but seldom made, for I was a shy youth. I remember driving with him from 10th Street, where his office was, to St. Luke's Hospital in 54th Street, and thence to the New York Hospital, in all a distance of six or seven miles, during this time he never said a word to me. I respected and admired his merits then and after, as a teacher, friend and colleague.

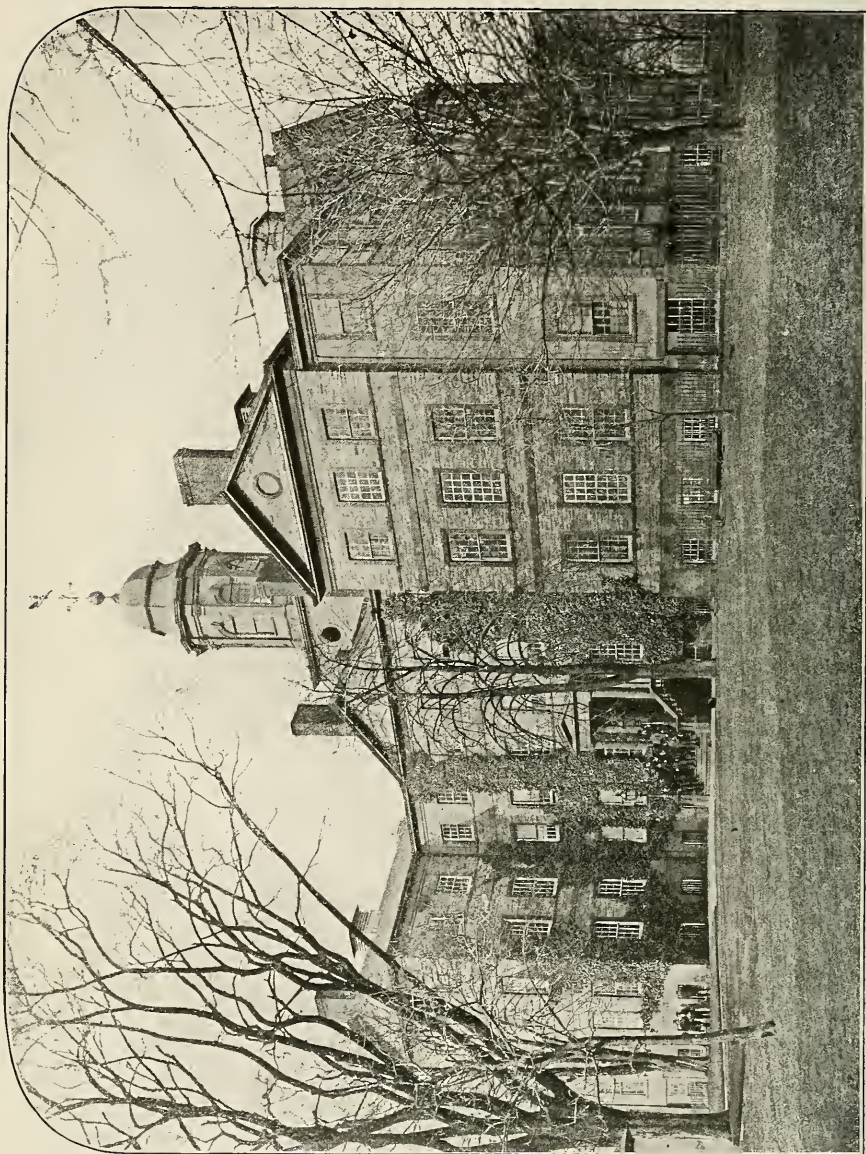
An occurrence during these student days brings even yet a smile to my lips. I was giving ether to a private patient for Dr. Buck, in which the

desired degree of anæsthesia is recognized by the eyeball becoming insensitive. Using this test I reported, "He is under it, Sir," when Dr. Buck commenced to use his scalpel, but a cry from the patient and vigorous twitching of the hands and face showed I was in error. Dr. Buck said, "More ether, Mr. Weir." I poured in the inhaler more of the anæsthetic and in a few minutes I said confidently, "He is ready now, Sir," but the first cut showed again that the patient felt the surgeon. "Don't you know how to give ether yet?" growled Dr. Buck. "Doctor," I said, "I have done as you directed me and carried out your instructions by touching his eyeball from time to time and he didn't wink at all." "Which eye did you touch?" he said. "The left one, as usual." Said Dr. Buck, "I forgot to tell you that that was his glass eye!"

So far the paths that led me finally to the New York Hospital have been somewhat indistinct, but they will now appear more plainly. Dr. Buck, inquiring of me as to my progress at the College of Physicians and Surgeons, where I had matriculated and whose lectures I attended, found that of the first year's course, which comprised instruction in Chemistry, Materia Medica, Physiology and Anatomy, I had, I thought, and he thought also, enough knowledge of drugs gathered in my father's store, and of chemistry from the course given at the Free Academy* by Prof. Wolcott Gibbs (afterward Professor of Chemistry at Harvard College), who inspired his students greatly, to permit me to use the hours allotted to these studies for something else. In a few days' time he said he had arranged it so that I could go each morning for one or two hours to the New York Hospital and make the morning rounds with the House Surgeon and his staff in the Second Surgical Division of the Hospital. I went the next morning, therefore, to the hospital, was introduced to the House Surgeon of the Division, Dr. J. H. Hinton, whose term expired within two months of my entry, when Dr. Henry D. Noyes became House Surgeon, with Dr. Robert Ray and Dr. L. B. Baylies as the Senior and Junior Walkers as they were termed in those days. Dr. Noyes later became a distinguished oculist and was a trusted surgeon at the New York Eye and Ear Infirmary. This was in 1856. The New York Hospital at this time occupied the whole block between Worth and Duane Streets, excepting a fringe of stores, 100 feet deep, on Broadway, running on each side from the hospital entrance to the corner—and extended back its whole depth to Thomas Street. Originally started in 1769 by a medical man, Dr. Bard, but not opened for patients until 1791, the central building, with its wide hall and two wings, was a finely proportioned building, three stories and attic in height, and built of a gray colored dark stone with appropriate windows, and presented a decidedly artistic appearance, enhanced by the ivy, with which it was in greater part covered. Its stoop was

* Now the College of the City of New York.

FIG. 1



NEW YORK HOSPITAL AS IT APPEARED IN 1859—BROADWAY, OPPOSITE PEARL STREET

large, but modern in appearance, and was a place of resort to the young men of the resident staff, three in number, viz: two surgical and one medical, who, after the day's duties had ceased and the walkers had gone home, gathered together to smoke and talk over the events of the day. At each end of this building were wards for women, and also a large central room, on the first floor, for the use of the Governors for their general or their committee meetings.

I remember this room particularly well, for on the sideboard in it there was at all such meetings placed a generous supply of sandwiches and lemonade for the Governors and Attending Surgeons, and sometimes the House Surgeons, who might also be called upon for reports concerning their departments. Alas, the House Staff only occasionally were asked to partake of these refreshments. Sometimes, it is true, after the meeting had adjourned, a venturesome subaltern would make a raid for the forage, but too often Peter, the negro waiter, too promptly removed the remains. I shall later venture to speak of some of the Governors whom the internes or House Staff saw or met in the wards on their official inspecting rounds and learned to appreciate their work by their efficiency and kindness. The staff did not care to know the Governors in their special room, as that generally meant some reproof for an offence committed or of a duty forgotten. I was once haled before them, it having been reported that I had climbed the inner front gate, after it was closed at night, John, the surly but efficient gatekeeper having caught me in the act. My reprimand was not severe but sufficient, but I always avoided the Governors' room if I could. Besides this inner railing and gate, which was half-way up from Broadway to the hospital building, there was an entrance on Duane Street, closed by a large wooden gate, with a huge knocker, for entrance of supplies and injured patients coming by carriage or cart, for there was no ambulance until years later. The old porter who managed the night entrance was a character. He was called Jimmy, but what other name he had I never knew—a dirty, unshaven and unshorn Irishman, who was always laughing and joking, so that never anyone grew angry with him. He also helped at times at the autopsies, in the dead house, which adjoined the gate-house, from which he derived sundry mild tips, as also did the House Staff, from the coroners and their assistants, who were glad to have their help in this gruesome work. The road from Duane Street ran to the entrance of the three hospital buildings and was paved with the so-called Belgian pavement, that is to say, with small square blocks of stones laid endways. The noise made by entering carts and carriages at night time was decidedly disturbing, it being heralded by the repeated thunderings of the big iron knocker. The indoor night watchman in the central building received the patient and, as with the day incoming patients, made the usual record of identification, and this concluded, notified the

House Surgeon on duty, who assigned the injured person to the night ward and in the morning following transferred the patient to his bed in the main ward—thus avoiding disturbance at night time in the general ward. The patients were visited by the House Surgeon or physician with their senior and junior walkers each morning at half-past eight, when the necessary examinations, prescriptions and dressings were made, except when the dressings were important or lengthy. In such cases, they were postponed until the end of the visit, after which the House Surgeon usually made the first dressing after an operation, when this was not done by the Attending Surgeon, and subsequently turned over the same to the senior walker, in whose immediate province were left the cases of amputations, compound and simple fractures and severe wounds. To the junior walker were left the bandaging and strapping of ulcers, burns and the like. This latter officer, Dr. Robert Ray, I assisted first by handing adhesive plaster, bandages, pins and scissors as required, and as time passed, and I mastered the use of these rudiments, I was allowed gradually to divide his work as he directed.

I have already described, poorly I fear, the main building with its four wards—two female medical and two female surgical, though in my description I omitted stating that over the Governors' room was another, a very large one, used as a library, filled with racks for many, many medical books and bound medical journals, foreign and native, which was under the care and supervision of Dr. John L. Vandervoort, who was a stiff, severe, spare man, who apparently had never joked in all his life, who nevertheless had so well nursed his library on the scanty funds supplied him by the Governors that at the period 1855-60 it was considered one of the best of its kind in the country, comparing well with those of the New York Academy of Medicine and of the College of Physicians in Philadelphia. This library, if I may forestall my narrative, was eventually dismantled and dispersed when the old hospital was surrendered and sold for business purposes in 1870. This sale was followed by the purchase of a new site and a rebuilding in its present locality in West Fifteenth Street, which was opened for patients in 1877. The other wards of the hospital were situated in two buildings, one, the older, was on the Worth Street side, a two-story and attic building, was erected in the early part of the century and so unfitted for the modern care of the sick that it was but seldom used, except for storage purposes or for overflow patients from the other buildings. In my resident hospital time there was frequently a negro ward in operation there. That ward I remembered well, for I was very much puzzled once when I was House Surgeon to correctly diagnose the trouble of an old darky who had a painful swollen leg. I finally asked the House Surgeon of the other division, a Dr. Bell from Virginia, to come over and see the patient. He glanced at the negro and said at once, "He's got erysipelas." "Erysipelas," I replied, "Why

then this leg should be redder than the other." "It is," he said, "in the negro (nigger, he styled him), the more red he gets, the blacker he is." He was right, only I didn't then know it. Dr. Bell left the hospital when I did in 1860 and went to Richmond, Virginia. I continued in New York, however, until the Civil War had broken out, when I joined the 12th New York State Militia as Assistant Surgeon vice Dr. Bell, who had resigned. In the haste of departure to the front, I could not buy or have made the proper uniform. I knew where Bell had lived in New York, and on going there found that he had left sundry trunks behind, so I wired him (this was just before Virginia seceded) and asked him to sell me his uniform, to which he consented.

Late in 1865, after the war, of course, was over, one day on the hospital stoop I met him, just in from the South. I had heard that he had lost his wife during the war, but when, I did not know, so after greeting him I said a polite word or two of condolence, but he interrupted me with, "Oh, I've got another one!"

The principal building was, however, the South or Marine Building, which was situated, as one of its names indicates, on Duane Street, though not opening into that street, as its entrance faced the south end of the main building. It was a lofty, plain-looking granite, four-story and basement structure, with high ceilings and a specially good (for those days) ventilating apparatus. It had eight large wards, holding each twenty to twenty-five patients, which ran on each of the four upper floors, the full length of the building on each side of the broad main stairway. The lower floor was divided into four small wards, one surgical for children, one medical for children and old broken down pensioners of the hospital, and the third for alcoholic patients. I don't remember the use of the fourth room on the floor, but I think it must have been a supplementary storeroom or for the Assistant Superintendent. The alcoholic ward was quite largely patronized. It had adjoining it one or two padded rooms to prevent the patients injuring themselves when unruly or excited. It was sometimes the scene of ludicrous antics on the part of its delirious inmates. Once when temporarily acting as House Physician I found a man standing arched on his feet and outstretched hands whirling round in one spot and wildly shouting, "Help, Help!" On inquiry the nurse told me that the man thought the devil had hooked him in the seat of his trousers and was trying to pull the patient up to him. A narcotic soon relieved him, however. Another time I found a man standing solemnly on a reversed *pôt de chambre*, saying nothing but smiling contentedly. If from fatigue or by an intentional push, he was forced from his resting place, he gave yells of pain until he regained his desired base of support. It appeared that he was an electrician and believed that he was surrounded by strong electric currents and his only safety was by thus insulating himself.

Reverting to the description of the Marine Building, I would further

state that this building, with its fine operating room at its top, holding some 250 students (there was another operating room, larger and somewhat antique on the top floor of the main building, I omitted to state) was largely filled by injured and sick seamen, who obtained free treatment here, by virtue of a financial arrangement with the U. S. Treasury Department. The remaining building not yet described was a low two-storied stone affair that backed up against the stores on Broadway between the Broadway entrance and Duane Street. It was close to the Duane Street gate and adjoined the deadhouse, and in it were kept, under the charge of a salaried medical officer as curator, the numerous specimens derived from interesting operations and post mortem examinations. Many of these were valuable in themselves, or as interesting mementos of momentous epochs in surgery. It is said that the unintentional exposure of some of these dried preparations to the view of passers-by in Duane Street brought about, in 1788, a disturbance by which several lives were lost before the "Doctor's Riot," as it was called, was quelled by the militia. This pathological department was, after he had passed through his house surgeonship, under charge of Dr. Ray as Curator, and in my loose position of dresser, I often aided him in his preparations and added somewhat to my knowledge of what had been done and sometimes what should not have been done by the surgeons of the past and the present, and finally in 1860 succeeded him as Curator. As the fifth wheel to a coach I tramped the wards of the hospital, picking up all the time useful bits of knowledge and attending fairly well my various college lectures, and doing, perfunctorily, I admit, my dissecting work for nearly two years, and had begun my cramming up preparatory to entering upon my examination by the Medical Board of the Hospital for the regular position of junior walker, when I was laid up for many weeks by an attack of typhoid fever, contracted, as Dr. Buck and Dr. Isaac Wood (a famous Quaker physician of those days) said, during my hospital work, so I did not pass the Board of Examiners until December, 1858, and was thenceforth truly on the hospital's list of medical officers. Unluckily, by reason of my illness, my graduation as a Doctor of Medicine was postponed to the commencement of the College of Physicians and Surgeons in the spring of 1859. For my thesis (required to be presented for graduation), I had selected the subject of cerebral hernia, having seen at the hospital and become interested in two cases of this rather rare complication of fractures of the skull, and on Commencement night was greatly dismayed to hear my name called out as the recipient of the first thesis prize. I could not rise up I was so excited and did so only when Prof. Joseph M. Smith of the Faculty called out, "Please stand up, Dr. Weir, your modesty equals your merit." Aside from this distinction, so unexpected, was the pleasing honorarium of fifty dollars—my first professional fee, so to speak. By this time, April, 1859, I became a veritable junior walker. The

original House Staff of the Second Surgical Division, to which I had been fastened by Dr. Buck, had finished their terms of service, each grade continuing eight months, and were replaced by Dr. G. A. Quinby as House Surgeon, Dr. J. J. Hull as Senior Walker and myself as Junior Walker. Dr. Quinby became one of the surgeons to St. Luke's Hospital, but marrying wealth, he soon gave up practice, but while in the profession started a brougham, on the rear panel of which he placed his initial Q, instead of, as usual, on the door. Dr. Van Buren said that that was correct, as the queue must always be worn in the rear. Dr. Hull, my immediate superior, became later one of the surgeons at St. Luke's Hospital, and my successor in office, Dr. D. B. St. John Roosa, then my Senior Walker, became a distinguished aurist and the founder and head of the New York Post Graduate School and Hospital. Dr. S. B. Tuthill, my Junior Walker, was a fine violinist and the life of our social gatherings. He died shortly after leaving the hospital.

The attending surgeons at that time were Dr. Gurdon Buck, of whom I have already spoken, and Dr. John Watson, a testy man with a large and useless acquaintance of the fathers of medicine in their original language, of whom I recall that during my interne service he, assisted by Dr. Markoe (for with the two surgical divisions one of the surgeons on duty always assisted the other one), operated for the removal of several large glandular tumors from the neck. Dr. Watson had made a fine exposure of the parts and had removed several of the enlarged glands, when a small vessel was cut and as it spurted, Dr. Watson seized it with a clamp and told Dr. Markoe to ligate it. Dr. Markoe, who admired a neat surgical dissection, said, "How finely you have cleaned that out, Dr. Watson," and made one or two more expressions of compliment. "Never mind that," said Watson sharply, "Devil take it, will you or will you not tie that vessel, Dr. Markoe?" Also a vestryman, like the other surgeon, Dr. Markoe said, "Devil take it, I will," and made the demanded ligature. Dr. William H. Van Buren, a large man of superb figure and elegant manners, and from whom the staff learned much, was another attending surgeon; so was Dr. T. M. Markoe, a very pleasant gentleman, but who leaned strongly on Dr. Van Buren for advice, and of whom Dr. H. B. Sands (a later member of the staff and a man of distinction and ability) said that he had "crystallized early in life"; still another was Dr. T. M. Halstead, a nephew of one of the Governors, a stout, short man of indifferent ability, but much loved by the House Staff for his affability. As junior walker, my principal business, when he was on duty, was to wipe frequently his freely perspiring face and brow while he was operating. Just before I began my interne service, Dr. Willard Parker was also appointed Attending Surgeon. He resigned after a short service on account of his immense private surgical work. He was a tall, well-made man, very erect, with frock coat always buttoned and a manner attractively magnetic,

FIG. 2



First row, from left to right.

Consulting Physicians and Surgeons: Dr. Alfred C. Post, s; Dr. Joseph H. Smith, p; Dr. Valentine Mort, s; Dr. Thomas Cock, p; Dr. Alexander H. Stevens, s; Dr. John C. Cheesman, s

Second row, from left to right.

Attending Physicians and Surgeons: Dr. John Watson, s; Dr. Thomas M. Markoe, s; Dr. William H. Van Buren, s; Dr. John H. Griscom, p; Dr. Henry D. Bulkley, p; Dr. Gurdon Buck, s; Dr. Thaddeus M. Halsted, s; Dr. Willard Parker, s; Dr. Thomas F. Cock, p.

s = Surgeon

p = Physician

conjoined to a cheery laugh that endeared him to us all. He was always pressed for time and hurried through the wards. He said to me once when I, as House Surgeon, ushered him into the wards, that the by-laws required him "to see every patient once a week," and then taking a deliberate stare around the ward and without advancing farther, turned on his heel and went out. Those six surgeons in the two surgical divisions were able only each to have two months in the male and female surgical wards of the Main Building and two months in the Marine Building, where the male patients, principally seamen, were. As they annually allotted themselves the year's work it was at times varied. To obtain the benefit of the surgery of both sexes, the House Staff also changed from one building to the other every four months. At that time the term of service of the House Staff was two years—eight months in each grade. Later it was made six months in each grade.

The Consulting Surgeons in 1859 were: Valentine Mott, facile princeps. He was a particularly neat, elderly man, with a rosy, fine complexion, very scanty white hair and short side whiskers, who frequently moved his lips without speaking. He had been an attending surgeon of the hospital for over twenty years and was then made a Consulting Surgeon. He was also the Professor of Surgery at the recently established University Medical College. He seldom engaged in private work, though I once saw him operate. It was for a case of aneurism of the subclavian artery, which was so large that the blood vessel between it and the heart could not be tied to promote the coagulation of the blood in it and thus bring about a cure, and hence in the consultation held by Drs. Buck and Markoe, in whose charge the case was, with Dr. Mott called in with them, it was decided to tie the blood vessel on the distal side of the aneurism and in this way bring about the desired blood coagulation, a poorer but the only way remaining for such cases. The family of the patient chose Dr. Mott to operate and Dr. Buck took me with him to see him do it. Dr. Mott said he would have to tie the vessel just below the clavicle. They all agreed that that was the best and only thing to be done—so with the man etherized, instruments ready and arm stretched out to fully expose the axilla and held steadily by Dr. A. B. Mott ("my son, Alexander," as his father always called him, to show us, one said, that he came *from*, but not *up* to him)—Dr. Valentine Mott, with one stroke, four inches long, of his scalpel, cut through skin, fascia and arterial sheath, exposed the artery in the middle of the axilla and tied it within two minutes, a wonderfully, brilliant operation, I said, as I walked away afterwards with Dr. Markoe and I asked his opinion of it and of its probable result. He said, and he was right as I learned by after experience, that the ligation was too far away to do any good and was not in the place agreed upon, and that it was a very dangerous exhibition of a surgical tour de force. The patient was

not improved by the surgery rendered and died a few weeks later from the progress of the disease.

The other Consulting Surgeons were Dr. R. H. Hoffman, T. M. Cheesman, A. H. Stevens and A. C. Post. Dr. Hoffman's surgical career was unknown to the internes except in one instance which all the staff gossiped about and told their successors in turn. It was based upon the fact that Dr. Hoffman at one time in his life had been a naval surgeon. In a certain cruise he injured one of his toes, which vexatiously grew painfully worse, so that in his distress he amputated his own toe. This was in the days before anesthetics were known. We all felt that the deed was heroic. I have only known one thing to compare with this and that was where a physician operated on himself for appendicitis. Here, however, he had the aid of cocaine, which made the operation fairly painless.

Dr. Cheesman was for over thirty years one of the attending surgeons, but the surgical history of the time does not show much evidence of his work. He grew wealthy in his general practice, had a fine mansion in Fifth Avenue, and was much interested in our endeavors to control the frequent cases of pyaemia, etc., that occurred in our wards. He felt that it was due to infection by the surgeon and often urged the staff to be more careful in the care of their instruments, which he thought, might inoculate the operation wounds, and said that he would leave a small legacy to the hospital, the income from which should be devoted to the improved care of them, if that could be done. Whether he did so or not I never heard, as a few years later we learned definitely how to prevent germs getting into wounds, and that the instruments were easily rendered aseptic, and that other agencies than these, as the hands, clothes and dressings of the surgeon and of his assistants were more likely to bring infection to a wound. Dr. Cheesman's personal appearance was both striking and attractive. I remember him distinctly. He was a large, solid-looking man with a big head, which looked larger than it was from an abundant growth of long, white hair; with this was a rosy complexion and big chop and chin whiskers. He had a positive method of speaking and his words generally commended attention.

Dr. Alexander H. Stevens was in appearance and surgical abilities a strong contrast to Dr. Cheesman. Dr. Stevens, who was then President of the College of Physicians and Surgeons, whose building was at that time in Crosby Street, was a tall, thin, cadaveric looking man, lank and yellow, with a pronounced seriousness of manner that invariably impressed the students. He had been a noted surgeon and in some respects was considered a rival of Mott. He was a brother to Mr. John A. Stevens, who was a Governor of the hospital for over forty years.

Dr. Alfred C. Post, the last of our consulting surgeons, had served the hospital as Attending Surgeon from 1836 to 1853, was a painstaking, learned

surgeon, of a spare habit, with a narrow face and clipped gray whiskers and moustache. He had great precision in his speech and in his enunciation he would unconsciously draw back the corners of his mouth so strongly as to simulate an energetic smile. He was Professor of Clinical Surgery at the University Medical College, where his method of speech and fondness for words of Greek derivation at times amused the class. He was, however, an excellent teacher. I ventured in later years to bait him once in a medical society when presenting a patient whose thigh, crooked from a badly united fracture, had been relieved and straightened by breaking the bone over again. I announced it, with a sly glance at Dr. Post, as a case of *dysmorphosteodiaclassis* (which literally meant *dys*—difficult, *morph*—an abbreviation for shape or form, *osteo*—derived from *osteon*, a bone, and *diaclassis*—a breaking through, or a total meaning of breaking a bone for malposition). Dr. Post rose to this and asked two or three times to have it repeated, then wrote it down, thought over it several minutes, and expressed his gratification at such a succinct description of the operation. I regret that I could not accept his compliments and had to tell him that I had picked it up in a recent German Medical Journal. His son, Dr. Geo. L. Post, was a classmate with me at the Free Academy and afterwards rose to eminence as the founder of the well-known Missionary Hospital at Beirut in Syria. But to return to our Dr. Post, he was a regular attendant at the various medical societies of the city and had always a specimen of some kind in his coat tail pockets. Once he presented the thigh of a chicken which he had found at his dinner and which showed a marked swelling near its joint end. Finishing his description of it he said he could not determine its nature until after a microscopic examination of it. "I can tell you now," said Dr. Metcalfe, "it is a '*henchondroma*'" (*enchondroma*—a cartilaginous growth), which raised a smile.

I must out of politeness, as well as from a desire to be complete in my recollections of my internship, mention briefly the medical officers. Recollect, however, I beg my reader, that not serving under them prevented somewhat my knowing them and their foibles as well as I knew the surgical staff.

The only Consulting Physician then was Thomas Cock, a Quaker, often described as of large abilities, and he was seen by the staff but seldom and then only at special consultations. Here I might remark that in 1860 there were several physicians in New York of marked ability who were Quakers, and that in the Board of Governors not a few Quakers have been at various times enrolled among their members—notably I recall the names of Mr. George Trimble and Mr. Samuel Willets. I think that Mr. Joseph Walker was also of this religious sect. Dr. Cock's colleague, Dr. F. U. Johnston, had died in 1858, after serving as attending physician twenty years—two years before I became Junior Walker. Twenty to thirty years was about the average term of duty in the wards of the attending physicians and surgeons. The notable excep-

tions to this were Dr. J. M. Smith, thirty-seven years as Attending Physician, Dr. Gurdon Buck and Dr. T. M. Markoe, who each were forty years Attending Surgeons. Having alluded to one of the medical staff, who had passed beyond my ken, I want to speak of another physician to the hospital, who left its service before my time, but, who in my later years, became one of my best and respected friends. I refer to Dr. John T. Metcalfe,* now dead, but then Professor of Medicine in the University Medical College. He was not only an excellent physician and teacher, but by his kindly wit and alluring ways became the most loved of all his fellows. He helped the young doctor and cheered the older ones. He gave good dinners and invited all of us who behaved themselves, as he said, to his table, which was always of the best, even when the *pièce de resistance* was corn beef and cabbage. (On that occasion I tasted the best dish of this kind that I ever ate.) I would like to quote at length some of his says, but space is wanting to do but little in this line and moreover, I understand that his friend, Dr. Henry F. Walker, has in preparation his biography, when Dr. Metcalfe's social qualities will be amply represented. My only contribution in this direction, aside from the incident I shall now narrate, I venture to add in a footnote to this page. My anecdote of him is that later in life Dr. A. B. Ball and I had a medical case in charge which had some doubtful surgical symptoms connected with it. One evening the patient became worse and it was suggested by the family that

* Dr. Metcalfe was continually slipping in the envelopes of the friends to whom he was writing little rhymed squibs on the quack medicines or medical follies of the day. I happen to have preserved several of his verselets purporting to come from physicians and others high in the public standing advocating the merits of the Hunyadi Janos Water, much used as a laxative many years ago. The first one purports to come from Dr. Gerry Wynkoop, and reads: "Dr. Sherrywine Coope says of this water—

"Is your Uncle constipated,
Or your Aunt or old Grandaddy?
If they want their *primæ viæ* cleared
Just give some Hunyadi."

The world-renowned ophthalmologist, Dr. C. Arrag New (C. R. Agnew), says:

"Oh, 'tis I'm the finished Oculist,
And Corney is my name;
Just like the late C. Vanderbilt,
I'm not unknown to fame.
I'll cure you quicker'n wink, my boy,
And you'll say I oughter,
For now the only wash I use
Is pure Hunyadi-I-Water."

Professor Henrid Raper (Henry Draper) says of it:

"Are you given to Astronomy?
Then just drink Hunyadi Janos.
Mar's satellite you may not find,
But sure you'll find Uranus."

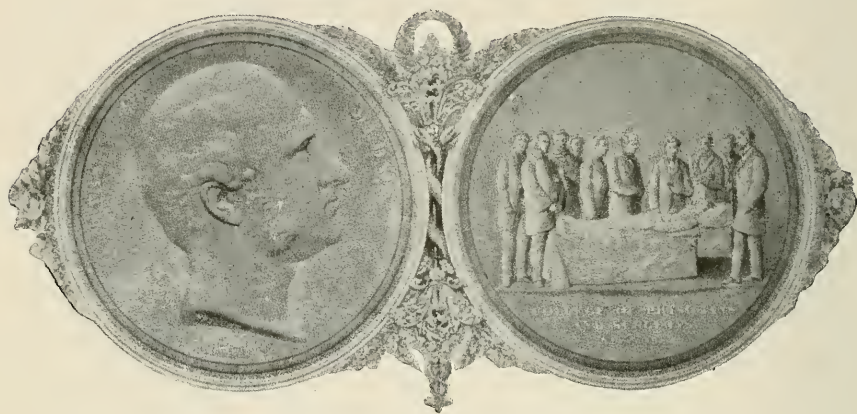
Dr. Metcalfe be sent for to aid us. This was done and he speedily appeared, leaving, as we learned from him, a dinner party at his house. The patient was visited and examined carefully and we retired to confer about the diagnosis and treatment. Finally Dr. Metcalfe remarked, "Boys! this case is yet obscure and is one for further and strict observation. We must watch and pray. You remain here to watch and I'll go home and prey!"

The Attending Physicians were Dr. John H. Griscom, who had attained a reputation as a sanitarian, but from what the medical internes said was less respected than the other physicians. Dr. H. D. Bulkley, another attending physician, was afterwards President of the Academy of Medicine. He was a careful, painstaking man and largely interested in the treatment of skin diseases in which he made a decided reputation. Of him Dr. Metcalfe is quoted as saying that Bulkley was great on a pimple, but a boil was too much for him. The ablest man of that staff was conceded to be Dr. T. F. Cock, the son of the Consulting Physician, Dr. Thomas Cock. Dr. Joseph M. Smith, the oldest of the Attending Physicians, who was appointed in 1829, was very much respected by all the staff. He had been Professor of Medicine in the old College of Physicians and Surgeons, and was in 1860 the Professor of Materia Medica in the same college. His experience was a large one, based on facts, but not on causes, for nearly all such were unknown until Pasteur showed us that the cause of disease was largely of germ origin, an explanation that, through Lister and many others since, has changed beyond realization our understanding of disease and our methods of cure. Dr. Smith was always exceedingly neat in his appearance, and with his white, scanty hair, smooth and red-veined face and gold-bowed spectacles, conjoined to a dapper slight figure inclined to embonpoint, he attracted people to him. I never saw him provoked or angry. He was very cautious in the use of medicines and told me once not to give more than five grains of the iodide of potassium at a dose. The rest of the staff were using it in ten to thirty-grain doses and at times even carried it to one ounce a day with benefit. He died in 1866. At his funeral it was stated that he had excelled most Christians by reading the Bible from end to end thirty-four times, moreover, the officiating clergyman added, practicing what he learned.

Shortly after I had penned these very imperfect descriptions of the medical worthies of the hospital during my early career there, I discovered that there existed in the New York Academy of Medicine a photograph taken at the request of Dr. Buck for the purpose of using sundry of the figures in the cutting of the medal to be given by Dr. Harsen for the best report of the clinics of the New York Hospital. There had been two pictures made, one in which I appeared by virtue of being Curator, and another without me, Dr. Watson having justly objected to my presence in the photograph as not belonging virtually to the medical and surgical staff. However, no more

FIG. 3

HARSEN PRIZE MEDAL



Second Photograph whence medal was made.

Left to right:

- | | |
|-----------------------------|-----------------------|
| 1. DR. J. C. ACHESON | 6. DR. GORDON BUCK |
| 2. DR. FRED STURGIS | 7. DR. B. MILLER |
| 3. MR. C. H. SMITH, student | 8. DR. ROBERT F. WEIR |
| 4. DR. D. B. ST. JOHN ROOSA | 9. MR. ALFRED NORTH |
| 5. DR. S. B. TUTHILL | 10. MR. NORMAN SMITH |

This is the list as made conjointly by Drs. Weir and Roosa.

pictures were then or later taken, and the one in which I was proved to be the better one was retained, with Dr. Weir blotted out. This photograph is much faded, but from it, however, a cut has been made (see Fig. 2). These photographs were not used after all for the Harsen medal, but two others were taken subsequently, more suitable for the purpose. From the second one of these the medal was made, and on the obverse side of it (Fig. 3) is seen Dr. Buck, showing a surgical case to a group of students, as per list under the print of the medal.* But the photograph from which this was made I have not been able to find. I have, however, secured the first one** and the names of those who made up the group to whom Dr. Buck, the central figure, is lecturing. They are: Drs. Acheson, Tuthill, Mr. Darrach, the Superintendent, Drs. Hull, Weir, Buck, Fischer and C. D. Smith.

The photograph from which Fig. No. 4 has been made shows, in addition to the house staffs, the Superintendent and the apothecary, Mr. Darrach and Mr. Johnson of that period, and is, I think, of sufficient historical interest to warrant its insertion here.

The prize continued to be given for many years, attracting many students to the hospital, until by consent of the Harsen heirs it was changed and, in 1892, the money was diverted to other purposes. Should I ever leave money to an institution for any particular purpose, I should have provision made that the bequest, if not used as directed, should lapse, and be given to my oldest surviving female relative. A woman would make a strenuous try for it.

I have ambled and rambled a long time, perhaps tiresomely, about the doctors of the hospitals. I would now like to say here something about its superintendents and apothecaries. Mr. Darrach, as I have intimated, was not much liked by the internes; they didn't trust him, not that he wasn't honest and faithful, but he was too religiously polite. He seemed to be a good officer, however, but his successor, Mr. Robert Roberts, or "Bob" Roberts as we all called him, for he smoked and joked with us, was from our standpoint a more capable and likable official. Of the apothecaries, Edward W. Johnson was a competent man, a good story teller and sang a song well, and was an agreeable companion to the House Staffs in their little jollifications. Mr. Rauschenberg, who succeeded him, was a superior man

* Dr. Buck had, in the interval between the two Harsen photographs, evolved his now celebrated traction method of treating fractures of the thigh, and hence preferred not to use the photograph now shown, which exhibited the old-time method of treating such fractures.

** In the medal (engraved from the last photograph) I appear as the House Surgeon, holding the badge of that position, the hand case of instruments, the term of Dr. Hull, the previous House Surgeon, having then expired.

In this photograph, loaned by the College of Physicians and Surgeons, Dr. J. J. Hull is the House Surgeon. This is not the photograph from which the Harsen Prize Medals were struck. In this photograph the old method of treating fractures is pictured.

FIG. 4



Left to right: Dr. James H. Little; Mr. Ed. W. Johnson, the apothecary; Dr. S. Harris; Dr. F. J. Sturges; Mr. C. H. Smith; Dr. Henry F. Fisher; Dr. Gurdon Buck; Dr. Robert F. Weir; Dr. J. J. Hull; Superintendent Darrach; Dr. S. B. Tuthill; and Dr. J. C. Acheson, all being internes except Dr. Buck, the superintendent and the apothecary.

(One behind and between Sturges and Smith not recognized.)

not given to levity, and of much help in our variations of antiseptic materials. After Mr. Roberts left the hospital, it had an unfortunate experience with a medical superintendent, hoping to have here the success the Roosevelt Hospital had in its medical superintendent, who was a very capable and tactful man, but it didn't and he soon left. Then the New York Hospital Governors appointed Mr. George P. Ludlam as Superintendent, who ably filled the position for more than thirty years. He knew his business and did it. He was somewhat positive and strict, but he generally was right in what he said and did. When he was goaded by the sharp and sudden onset of a testy Governor, he never showed it. I have seen him under fire and respected the man, as the Board of Governors generally did also.

I shall wind up with a few words concerning the old nurses. The principal figure in this department in the care of the sick and injured is Old Black Aunty Robinson, who held sway, literally, in the top ward of the main house, devoted then to female venereal patients. It needed a firm and kindly soul, and such she had, to manage these derelicts, so many of whom were strongly self-willed. Not infrequently would one appear with looks above the average and then Aunty's sleepy looking eyes would see a little too much attention to the patient given by the House Surgeon or one of his staff, and then he and she would receive such an admonition, so efficiently but kindly presented, that it was invariably effectual. Aunty took pride in her position and thought it was part of her work to look after the comforts of the House Surgeon of the first surgical division, which was in the building where she was nurse. The House Staff all liked her and always remembered her on Christmas and other holidays and birthdays. Aunty, however, was not by far the oldest of the nurses. Mrs. Jackson was that. The title of Mother Jackson was given to her on account of her age and gentle dignity. She, in 1860, was in charge of a small ward, holding ten or twelve patients, on the ground floor of the Marine Building. This contained usually some four or five paralytics and a few old pensioners of the hospital. She was a frail, wrinkled old woman, nearly, if not passed, seventy years, with a quickness of step, and occasionally of tongue, that astonished people. She often gossiped of the past, and said proudly that she had seen Dr. Buck as a tow-headed youth going through the wards taking notes with a quill pen and a bottle of ink hung from a buttonhole of his coat.

The ward opposite Mrs. Jackson's was of the same size and was appropriated to the care of injured children, and was under the charge of Mrs. Mac as she was usually called. Children with medical diseases were treated in the female medical ward, where a large stout nurse with a very pleasant, kind face that did not belie her character, was in charge. That was Mrs. Beaslee. She and Mrs. McCullum were great friends. Mrs. Mac

was the essence of cheerfulness and gentleness to her charges. Dr. Buck * always spoke of her ward as that of "minor surgery." It was in her ward that the first case of a fractured thigh was treated by the improved extension method devised by Dr. Buck. I think with pleasure that I put on the straps, pulleys and weights, as he then directed. This method of treatment spread, I may say, all over the world and has held sway up to the present time as one of the best for such injuries.

As for the male nurses, they were as their fellows of that day. Ordinarily of Irish extraction, with an intermixing occasionally of Swedish blood, they carried out the directions as well as they were able. Fairly clean and tolerably reliable, they did as well as could be expected when neither they nor the doctors knew how wrongly each was unconsciously treating an injury. The only exception I would in justice make was in favor of the male nurse of Ward G of the Marine Building. He was neat, intelligent and reliable. His name partially was William—the rest has gone from my memory. He was no longer young and must have by now joined the great majority.

Of the other nurses and house servants, I remember nothing. I only recall that there seemed to be a continued lot of scrubwomen about, who were at all times and everywhere cleaning and sanding the wooden floors that then prevailed. They made them as neat and white as the decks of a man-of-war.

I have ranged in my lengthy pages from the heights occupied by the Consulting Staff down to the level of the old-time nurses, but the distance and rapidity of my fall will, I trust, in rebound carry me upwards again and perhaps even to a higher level—so high, that I can now with propriety allude to what is one of the hospital's chief distinctions. I refer to its very respectable and rather peculiar Board of Governors. Admirable in its business procedure for over a century in which its members have been drawn from what is best in our city's life, whether from the ranks of commerce, law or inherited wealth, so well and wisely has it done its work that among all citizens of note it is regarded as a high compliment to be chosen one of its members. Not only is it enviable from this point of distinction, but many of

* Dr Buck had occasional witty attacks. One is worthy of note for itself and for its sequel. He disapproved of the numerous specialties that were occupying various parts of the body. He believed that there was much truth in Dr. Oliver Wendell Holmes' definition of a specialist, as a person who had a vast amount of useless information. On being asked by a young physician what specialty would be a good one to follow, he said sarcastically, "Try the Umbilicus—nothing doing there yet." On hearing his reply, it was gravely suggested that there were already many Naval Surgeons. As I write this joke of Dr. Buck, my eye happened to catch an advertisement in one of our just issued medical journals entitled "Cullen on the Umbilicus and its Diseases"—in octavo of 775 pages—*quite* a comment on Dr. Buck's remark.

the Governors were also of marked social weight, and often because they were Governors of the New York Hospital. A Board that has existed nearly one hundred and fifty years without any slur against its management is entitled to heartfelt praise and admiration. They have another peculiarity which is that there is a certain heredity attached to the office. Look at their annual catalogues, which contain a list of the Governors and doctors since the institution was started. You will be struck to find the Beekmans, for instance, recorded as members for four generations (father, son, or other relative, maybe), the Murrys for seven generations (or times), Kennedy and many others two or three times, and so on. As you look over the hospital reports your eye will naturally turn to its list of donors—that list is smaller than one would expect, though many liberal gifts have been made. One word further about this worthy Board—it is remarkable that but four physicians have ever been made Governors. Two of these appointments were of London physicians and were purely complimentary. One of the two remaining, a Dr. Williamson, was elected in 1814, and of whom little is known. The fourth was Dr. Wm. W. Hoppin, elected 1877, who died in 1913, and who was a very efficient Governor. Of the earlier Governors that I have been most intimately thrown with, socially and officially, I keenly remember several. The first of all is Mr. George T. Trimble, who was President of the hospital when I first went there. He spoke to me when he first saw me in the wards in his usual kindly way, but when I told him that I had been a scholar in the old Public School No. 7 in Chrystie Street, when he was president of the Public School Board (afterward merged into the Board of Education of New York City), he smiled upon me and with his hand laid upon my shoulder wished me success in my profession. No better advisers and friends did I have or helpers in our little disturbances at the hospital (with the Superintendent, usually, for he was hard on the staff, but suave and obsequious to the Governors), than Mr. Joseph Walker, the finest and kindest of them all, Mr. Philip Schuyler and Mr. William Turnbull, a tower of mighty strength for defense against a certain new Governor, who kept things alive by much faultfinding. With Mr. Turnbull were associated in his endeavors to obviate medical explosions, Mr. Fordham Morris and Mr. T. B. Woolsey, and particularly Dr. W. W. Hoppin. At times there seemed to crop out among the Governors a little of the feeling shown (but much diluted) by Mr. dePeyster in earlier years, when he, as Dr. Buck told me, said to the Governors that the only way to treat the doctors of the hospital was to “keep their feet on their necks.”

Only two or three of the attending surgeons or physicians gave instruction (1860-70) to the few medical students that followed them through the wards on appointed days, generally once a week. When a case required an operation, a notice was sent, if time permitted, but not regularly, to the

then existing medical colleges, to be posted on their bulletin boards. Unless the operation was of especial importance not many students appeared, except on Saturday, when, as there were no lectures given in the afternoon, they could more readily attend hospital clinics. The distance of the hospital from the three colleges was considerable—the College of Physicians and Surgeons was in Twenty-third Street, the University Medical College was in Fourteenth Street, and the third college, now defunct and its name forgotten, was in Thirteenth Street. This latter college had in its corps Dr. Carnochan, a noted surgeon, and more important, the two Flints, father and son, who subsequently joined themselves to the later born Bellevue Hospital Medical College. The College of Physicians and Surgeons had only recently moved from Crosby Street to its new location in Twenty-third Street where, in spite of the activity of the contractors, their inauguration night arrived with the last touches completed in only one of their several halls. The ceremonies went off as advertised, but when the audience attempted to rise they couldn't, being more or less fixed by the stickiness of the varnish on the benches. Dr. Van Buren subsequently remarked that the speeches were too ornate and that the audience would have preferred a plain unvarnished tale, but Dr. Dalton, one of the speakers, said they listened with fixed attention.

The fame of the New York Hospital had steadily increased during the last fifty years, due mainly to such surgical celebrities as Mott, Wright Post, Stevens, Rodgers and others, and it was recognized by the profession at large as the leading one in the country. In addition to the professional ability of its staff, the hospital itself, by its locality and management, became the recipient of nearly all the injured and diseased from the country adjacent for over a hundred miles around the city. Cases arrived daily in carts, coaches and trains from the neighboring villages and small towns, and often from unwarrantable distances—for remember that the village hospital, that now so much and so promptly relieves suffering, did not then exist. Sad it was, however, that often a life was lost in this endeavor to reach the great medical center. The building of the Erie Railroad, which required the construction of the famous Bergen tunnel and its long continued blasting efforts, was associated (in my interne service) with many mishaps and numerous injuries. Also nearly all the acute surgery of the city, then with about 500,000 inhabitants, came to the New York Hospital.

There were other places of refuge for them to go to, however. The most notable of these was the old Bellevue Hospital, but its reputation for the care of its patients was most unfavorable, and none but the very poorest would consent to go there, but as the poor ye have always with you, it was crowded and its medical wards were attractive to students for the numbers of its fever cases, etc. The fame of the distinguished Drs. Alonzo Clark, John T. Metcalfe and Austin Flint, Sr., was largely made in and justly

prized by this hospital for the poor of New York. There was also the comparatively new St. Luke's Hospital at 54th Street and Fifth Avenue, now the site of the University Club, and other buildings. Likewise there existed in West 11th Street, St. Vincent's Hospital, which, though small, gave evidence by its church support of its destiny to become, as it now is, one of the largest and best managed hospitals in the city, and at the least expense too. There were a few other hospitals, mainly for special diseases, but for acute surgery they did but little.

With all its admirable staff, the practice of the New York Hospital, looked at through the spectacles of today, was bad. Not bad contrasted with other hospitals of that period, but bad from the ignorance that then existed of the causes of diseases, the knowledge of which, even at this day, however much enlightenment may have come to us, is yet not perfect.

The custom that existed when I was House Surgeon and where the need of an operation arose, was somewhat like this—say, for an amputation for a compound fracture, or an artery ligation for aneurism in the neck or thigh or the like. The Attending Surgeon would direct the House Surgeon to send out notices to all the physicians and surgeons of the hospital, including the Consulting Staff, to appear the next day, or earlier if urgent and time permitted, when the case would be presented to them for examination. Thence going to the operating room, each one present, beginning with the Senior Consulting Surgeon or physician (often approaching senility) was asked in turn for his opinion. Often, when six or eight were present, there was a great variety of views. No acting judgment was usually arrived at and delay ensued. The folly of these polite meetings impressed me as a junior, so much so, that in my subsequent life I shunted consultations as much as possible, believing, for professional action that they should rarely exceed one meeting; or, if more, generally as a concession in private practice to the formula urged, that the family would like to feel that everything had been done for the departed. In hospital service I called in the colleague on duty for the quickest counsel. Passing by this little explosion about consultants and the delays thereby often occasioned, let us proceed to the operation itself when it was determined on. The senior walker was expected to lay out the possibly required instruments; they had been resting on a velvet lined shelf or were bedded in velvet-lined slits in an adjoining closet. He would put them on the table covered with a towel and then examine the operating table and make inquiries of the nurse, who was at other times a ward nurse, about the sponges, which, having been washed out from a previous operation, had been kept in a wooden pail of fresh water. Fine, beautiful and soft looked they when taken from the pail out of the water and placed in a basin for the nurse or one of the walkers to hand to the surgeon or to the House Surgeon during the operation. Sometimes the surgeon and the assistants washed their

hands previously—sometimes not—but they put on clean checked aprons or gowns, and did not wear, as, up to many years later did the British surgeons, old coats stained by the bloody daubs of previous operations. No, we did not do as badly as that. We then usually washed the skin of the limb when an amputation was to be done, as was frequently required for a compound fracture of the leg or thigh, and for this we used the nice-looking sponges that were filled with disease germs from previous operations which had been quietly multiplying while resting in their painful of water. Fingers, laden with germs in large quantities on them or under the nails, were stuck into the wounds we made and we further introduced (alas, all this was unconsciously done) infectious and often fatal germs by the brilliant and apparently clean instruments we employed. After we had done all this we tied blood vessels with strings with long ends, so that we might pull them out when they loosened themselves from the tied arteries, not knowing that they and the stitches to close up the wound only allowed more germs to enter to the depths of our operation wounds. Furthermore, we dressed our wound with wax cerates kept in jars open to germ-laden dust, and smeared over lint with foul spatulas and wiped off with surgically dirty (as we now say) towels. In the wards it was worse—dressings were made with unwashed hands, wounds were wiped by clean-looking but dangerous sponges, and disease germs were then carried unknown from patient to patient by the doctor as well as the nurse. The House Surgeon, with his soiled and well-worn instrument case, was also a sorry carrier of infection. He equaled the Borgias. Were it not that in our bodies we had a set of cells of which the most important were the so-called white blood-corpuscles, the phagocytes of which Metchnikoff discovered their function to be to destroy the noxious germs entering a wound, the loss of life would have been much greater. Metchnikoff clearly demonstrated that these cells swarmed from the blood-vessels at the infected point, promptly ate them up (hence their name, phagocytes), digested them and subsequently cast the remnants away. We do not wonder now why in the surgical wards erysipelas was always rife and why that strange and fearful disease called hospital gangrene appeared as a thick, grayish mould over the wounds with an intense burning pain accompanied by high fever and rapid loss of strength—a disease that so rapidly and so completely disappeared under the use of antiseptics or germ-killers that no chance later occurred for its microscopical investigation or detection of the special germ by which it is caused. Hence this particular germ and its nature remain unidentified to this day. Besides these two serious and almost uncontrollable complications of wounds and injuries, there was yet another, more serious and terrible from our inability to cope with it—I mean pyæmia, or blood-poisoning, as it was then called. To go into a ward, for instance, and inquire, How is Jones (with his week-old compound fracture) doing today? and have

the nurse say he had a chill this morning—to look at his wounded leg did not help the diagnosis. There was nothing of the irregular blush of erysipelas or of the gray coating of hospital gangrene to be seen. Later in the day, or on the morrow, the report would be, Jones had another chill last night and another one this morning about six o'clock. Then we knew what was coming. The poor fellow's wound had become infected, as we said, which infection, about which we then knew little or nothing, had passed into his system and was setting up abscesses in his lungs, liver and other organs. The issue in most cases was fatal. In 700 amputations that I had in the military hospital under my charge, 1861-65, in only one case did I have what was called primary union of the stump, that is to say, a stump entirely free from infection of a mild or severe form. While looking back on the many lives lost by our ignorance and by our well-intentioned, but poisonous efforts, I do not regret this trying experience, for it presented in greater brilliancy the good attained by the investigations and teachings of the immortal Lister. Prior to his time, 1865-70, compound fractures of the lower extremities produced a mortality of over 38% and in the major amputations involving the larger extremities the mortality was 28%. Contrast this with the Listerian treatment of similar compound fractures, with a mortality of but one death in 200 cases, and of similar amputations, where the death rate was but 2½%. Realize, too, that these results can now be attained by the most junior intelligent tyro! Sir Spencer Wells received well-deserved credit for adding 30,000 years of life to his patients by his brilliant operations for ovarian tumors, but the outcome of Listerism has been epoch-making in the history of the world, and its influence is still daily widening—embracing now not only the arrest or prevention of surgical infection, but by its enlargement of direction has controlled many of the infections of other diseases beyond the surgical ones. The prediction has been made, and with justice, that within fifty years, and perhaps in less time than that, all the present known germ diseases will have been analyzed and arrested! Alas, however, the millennium would not then be attained, for with this ability to control and obviate our known diseases, we by that time shall have probably uncovered and discovered new diseases, requiring perhaps other and yet unknown methods of prevention or cure.

Epochs in surgery do not arrive frequently. The first one was developed by Ambrose Paré in the sixteenth century, when he substituted the ligature for the hot iron, in the arrest of hemorrhage; the second one of importance in time was that of anæsthesia by Morton in 1847; the third was the antiseptic treatment of wounds by Lister in 1865-70; the fourth was the utilization of the X-ray in medicine and surgery by Roentgen in 1895. May the twentieth century exceed the nineteenth century in this respect as well as in others.

Dr. Bull at the Chambers Street Hospital, and I at St. Luke's and the Roosevelt Hospital had early used the antiseptic treatment, and I had, from a larger opportunity, been able to test and confirm its efficacy, and therefore had published frequent papers on that subject. When in London in 1884, I embraced the occasion to be introduced to Lister by our Dr. Marion Sims, who rather fulsomely presented me to him as the apostle of Listerism in America—I could only make the small correction by saying that I was but a disciple, not an apostle. Several years later Dr. Bull and I made the rounds of the great hospitals in Europe to study the many improvements and simplifications of Lister's method, and found that the principle of the germ treatment remained unassailable. We saw and learned a good deal, but returned with a conviction reaffirmed that American surgery occupied as high a level as that of any country. Some surgeons in foreign lands knew more than American surgeons did, but the dexterity and applicability of the latter more than evened the two.

Shortly after leaving the New York Hospital in 1861 and going to the war, I determined, as soon as I appreciated that the military contest would last longer than the three months prophesied in its beginning, to enter the U. S. Army Medical Corps, and went up for the required examination. I was lucky enough to pass and came out the fifth in the long list, thinking perhaps I might have done better had I had time, which I hadn't, to read up for the trial. During the examination I thought my chance of passing was gone when Dr. McDougal, a testy, stout, white-haired army surgeon, and chairman of the board, asked me in sharp tones to give him the symptoms and treatment of pneumonia. I enumerated them. "But," he said, "you have not mentioned bloodletting—wouldn't you employ it?" "No," I replied, "I wouldn't." "But, Doctor Weir, if I had pneumonia, wouldn't you bleed me?" "No," I firmly said, "that day has gone by." "Then I wouldn't like to have you for my doctor," retorted he. But his bark was worse than his bite. I passed the board and was first assigned to the Second U. S. Cavalry just up in Maryland from Texas, where it had been under the command of Col. Robert E. Lee, who afterwards seceded with his state and became the great soldier of the Confederacy. The commander of the regiment to whom I was ordered to report was Col. George H. Thomas, later the celebrated General Thomas—familiarily known by his trusted officers and soldiers as "Pap Thomas." He and I received our commissions the same day, his as brigadier-general and mine as assistant surgeon, and took together the oath of allegiance customary on such occasions. As intimated on a previous page (7), I was shortly after placed in charge of the U. S. A. General Hospital at Frederick, Maryland, which, with its 3,000 beds, became the base hospital of the battles of Sheridan and others in the Shenendoah Valley, of McClellan at South Mountain and Antietam, and largely of the terrible fight at Gettys-

burg by Meade, and received official commendation of my work from the Surgeon General. Twice during this period did the New York Hospital appear on the scene in the persons of Drs. Buck, Post, Peters and Markoe, who, sent by the sanitary commission, came to us after the Antietam and Monocacy battles, and gave great help by their operations and advice. It was on one of these visits that Dr. Buck became much interested in a disabled soldier, Bergher, by name, who had been treated at his regimental camp for an attack of pneumonia, for which he had been given large and repeated doses of calomel, which induced a profuse salivation followed rapidly in his weakened condition and as his lung trouble improved, by a rapid gangrene of his mouth, worse on the left side, that progressed so fiercely that when he arrived at the General Hospital we found that the whole left cheek in its entire thickness, from the tooth edge of the lower jaw to just below the lower lid, and from the masseter muscle transversely to and involving the left side of the nose, had been destroyed and was a rotten mass. This, as it melted away or was trimmed off by our scissors, revealed in addition that most of the left upper jawbone was necrosed. This horrible deformity appealed to the Surgeon General who saw the case, and induced him subsequently to cut out calomel from the supply list of the army, and also to Dr. Buck, who had had a large experience in plastic surgery and in the remedying of severe facial defects. Dr. Buck said he would like, if the patient were willing, to have him sent, when he got his justly entitled discharge papers, to the New York Hospital for the proposed surgical treatment. Thither, in due course of time, did the man go, and by a series of operations during the course of several months, Dr. Buck was able, by sliding skin from the neck, temple and lips, together with dental aid, to replace the lost upper jawbone, to fill up the huge gap with new flesh and restore the patient, though much necessarily scarred, to an effective condition and not too offensive to a neighbor's eye.

A less severe and somewhat more amusing instance of Dr. Buck's plastic surgery came to me several years later. A man who had totally lost his nose from disease from which he had fully recovered, however, asked help for its restoration. This Dr. Buck accomplished by taking a thick flap, going to the bone, from the patient's forehead, and turned it downward so as to cover the nasal gap whose edges had been vivified first by his scalpel, and to which the flap was duly fastened by many stitches. In doing this, however, it is necessary, of course (in order to have the skin side out), to twist a little the base of the flesh which is at the root of the nose. This requires care, and trouble often comes from the twist, as it may unduly press the veins slenderer than the arteries and so induce a venous congestion, and occasionally sloughing of the flap. This did occur in this instance, the congestion, I mean, not the sloughing. Dr. Buck saved the congested flap by putting into play the device suggested by a French surgeon, who, finding

that pricking the flap did not let out enough blood or that the prickholes quickly were plugged by the coagulated blood, put one or two leeches at the end of the flap, and so by renewal of these living suckers prevented the threatened sloughing. To do this more thoroughly, Dr. Buck, finding that each leech drew off about one to two drachms of blood, put two on the nose flap. When the leeches had fairly taken hold, he cut off their tail ends, and thus a steady drop of blood from this artificial vent was kept up for several hours without cessation. By that time, Nature, by enlarging the veins or by accommodating herself to the twist pressure, allowed the circulation of the flap to be carried on without risk. I saw this man a month later and noted an interesting point while talking to him. A fly lighted on the end of his new nose and I was surprised to see him rapidly try to dislodge it by slapping his forehead. "Why do you do that? Why not hit the fly where it is, on the end of your nose?" He said, laughing, that everything that touched the end of his nose he felt on his forehead. A year later again I saw him and asked him about the fly experience. "That's all right, now," he said, "I learned in about six months that any sensation like that meant the end of the nose and not the forehead." A case of re-education.

Necessarily, from that time to 1865, I lost touch with the New York Hospital until my resignation from the army and entrance into practice in my native city, New York. I was soon appointed surgeon to St. Luke's Hospital and afterwards was made one of the four original attending surgeons of the new and well-equipped Roosevelt Hospital—my colleagues there being Drs. Markoe, Sands and Mason. In 1867, on the resignation of Dr. Willard Parker, my name was placed in nomination before the Board of Governors of the New York Hospital. Dr. Krackowizer, a German surgeon, connected with the German Hospital, had also been nominated. Finding that the majority of the Surgical Board of the New York Hospital advocated Dr. Krackowizer's appointment, and feeling that this candidate was my superior in experience and ability, I withdrew my name and he received the appointment. Dr. Buck censured me for my withdrawal as he felt assured of my success, and my good friend, Mr. D. Colden Murray, Secretary of the Board, told me that the Governors, from patriotic feeling, would have bestowed the prize to me had I persisted. He said furthermore, what was particularly pleasing, that he felt sure that I would get the next appointment, which I did, in 1875, by the sudden death of the same Dr. Krackowizer, whose active service in the hospital lasted but three years, as the old hospital in Broadway was sold in 1870 and remained out of operation until 1876, when the new hospital was opened in West Fifteenth Street. A small hospital for the relief of acute injuries had, however, been maintained by the New York Hospital Governors under the title of the Chambers Street House of Relief. Established first under the charge of Dr. C. B. Kelsey, this attained such importance to the

workers in the lower portion of the city as to demand the best talent available, and I took pleasure, in 1875, in commending to certain of the important Governors the desirability of placing Dr. W. T. Bull in charge. I speak perhaps too strongly in saying that—it would be more to the point to say that I joined with others in suggesting Dr. Bull's name for the place. He got it, and there gained a reputation that spread over the country. While developing this efficient though small hospital and training his internes, who, as we all did, admired the surgeon and loved the man, he met the chance that fixed his fame. A man shot in the belly was brought in from a street fight.

FIG 5



DR. WILLIAM T. BULL

He was seen by Dr. Bull shortly afterwards and it was determined to operate. If the bullet had perforated one or several loops of the bowels, feces might flow out and would, without fail, create a fatal inflammation. Only twice before (by Kocher, of Berne, Switzerland, and by Kinloch, of Charleston, S. C.) had any operation for the relief of a gunshot perforated bowel been done, and though in each case a fatal result followed, the propriety and possibility of the operative procedure had been demonstrated. Dr. Bull (Fig. 5) opened the abdomen of his patient and found eleven perforations by the bullet and, very fortunately, but very little escape of the fecal contents.

Bull sewed up each wound, cleaned the soiled intestines, closed the abdominal surgical incision, and the man got well. It is now a fairly common operation and usually a successful one—without it the injury is nearly always fatal.

My colleagues at the date of my addition to the staff of surgeons were Drs. Buck, Markoe, previously alluded to, George A. Peters, H. B. Sands and C. M. Allin. Of them the most eminent, and justly so, was Dr. Sands, then, or a little later, the co-professor of surgery with Dr. Markoe in the College of Physicians and Surgeons. He was also a partner of Dr. Willard Parker in private practice. He was gifted with a remarkably correct judg-

FIG 6



DR. HENRY B. SANDS

ment and was a very expert operator and possessed the qualities that Lawson Tait, a master of English surgery, told me marked a superior surgeon—"Knowing when not to operate, and in operating, when to stop." He was an excellent teacher—clear and definite in the points he wished to present—and it was expected of him that he should become, as he did in his time, the leading surgeon of this city. I have already spoken of Drs. Buck and Markoe. Of the others not yet spoken of, one can only say that they were and were not!

The hour was ripe for a great development of surgical activity—the advent and perfection of the antiseptic treatment led rapidly to daring boldness of work with such phenomenal success as to astonish everyone. The scalpel and the saw invaded parts of the body hitherto forbidden them. The skull was opened and tumors removed from the brain, and that mysterious organ upheaved sufficiently to permit the nerves going from its base to be severed (an operation due to Dr. Hartley, later one of the hospital surgeons). The spine was also exposed and its growths taken away and the paralysis relieved. The chest cavity, with the lungs and heart in full view, was safely opened and treated surgically for abscesses or wounds. The abdomen was everywhere invaded—kidneys opened—its stones removed. The spleen and parts of the liver were taken away when necessary. The great abdominal blood-vessels were tied when required with but little risk. Joints were freely opened, foreign bodies and growths removed without subsequent impairment of function. These and many other important acts arose from Listerism. Add to this the revelations of the X-rays which permitted one to see how the heart, lungs and intestines acted and how the intestines continuously moved, and foreign bodies in the soft or bony parts of the human frame to be easily recognized and extracted. The zeal of our whole staff was stimulated in an extraordinary manner which continued throughout the whole period of my service at the hospital. During this time changes were made in the surgical staff by the death or resignation of Drs. Buck, 1877, Peters, 1884, and Allin and Sands, resigned 1882, who were succeeded by Dr. Bull in 1883, by L. A. Stimson in 1888, by Frank Hartley in 1892 and Dr. F. A. Murray in 1893. I was greatly pleased to have Dr. Hartley (Fig. 7) on the New York Hospital staff. He had, as my house surgeon at Bellevue Hospital, when I was attending surgeon there, early attracted my attention by his ability. He afterwards was assistant and successor in the college to Dr. McBurney as instructor in operative surgery. In this work, he as well as McBurney acquired the ease and certainty of surgical technic that was so markedly shown in their operations. He later became Dr. McBurney's assistant (and many said his suggestor) at the Roosevelt Hospital and when he resigned his position there he accepted service in the New York Hospital. He was a quiet man, but the thoroughness of his work, with his quickness of mental action and his good judgment, made him, as I think, the best surgeon on our staff or in the city. He served twenty years with us, when he retired on account of ill health, and died in 1913. With Dr. Sands' resignation and Dr. Bull's appointment goes a bit of hospital history involving the New York Hospital and the Roosevelt Hospital which is worth narrating. There had been felt for a number of years that the plan of having six surgeons on duty with four months' service in each of the two divisions was not working satisfactorily and that the time allotted to each surgeon was too short to carry out

thoroughly any special plan or variation of treatment, and that the records were frequently imperfect or worthless for surgical deductions. These and other points led the staff to hope that the Governors would permit a reduction in the number of the medical officers. The announced intention of Dr. Markoe's resignation, with the intimation that the Governors would listen to our wishes, induced Dr. Sands to make the proposal to me, as each of us held positions in both the New York and Roosevelt Hospitals, to resign my position as surgeon at the Roosevelt and that he would in turn resign from the

FIG. 7



DR. FRANK HARTLEY

New York Hospital, the college, which was located opposite the Roosevelt Hospital, preferring him to hold a hospital service there as nearest for the convenience of the medical students. So each of us in 1883 did as agreed, but the unexpected happened, as it usually does. The influence and the claims of Dr. Bull's good work at the Chambers Street Hospital overcame the support of our friends in the Board of Governors and he was appointed to fill the vacancy caused by Dr. Sands' resignation. I was comforted a little in acquiring such a reliable colleague, for he was assigned to my division.

Before passing on to further details in my hospital experience, I would say that this idea of a prolonged hospital ward service under the charge of one, or at the most, two medical or surgical officers, has gradually grown in weight owing to the example of the Roosevelt Hospital, which from 1882 had had its surgical ward under the sole charge of Dr. Sands, who, on his sudden death in his carriage in 1888 from cardiac trouble, was followed similarly by Dr. McBurney from 1888 to 1900, and since then the direction of that hospital in its surgical work has been continued in two divisions, each with its surgeon and his assistants. Furthermore, at this writing, 1917, the New York Hospital surgical staff consists now of but two surgeons—one to each surgical division. The other major hospitals in the city have followed this satisfactory procedure, and each surgeon is liberally supplied with experienced assistants. This is not only a wise, but the best way to accomplish the ends of a hospital, viz.: to take good care of the sick and injured and to be centers of medical education.

I have but little to add to this long and possibly tedious account of the old hospital. I continued in its service until the year 1900. Up to about 1890, with the many improvements on the original antiseptic treatment of Lister, most of these tending towards greater simplicity in its detail, converting it into aseptic surgery—that is to say, we now kept germs out of wounds instead of killing germs supposed to be in wounds—surgery advanced with great rapidity, though sometimes irregularly. It was not an easy matter to conduct an operation under these new principles of Lister, which demanded the use of chemical materials, such as solutions of carbolic acid and, later, corrosive sublimate, salicylic acid and many other recognized germicides. To do it thoroughly required instruments to be immersed for a given time in such solutions as might not injure them, and that the hands of the surgeon, of his assistants and others should also be similarly disinfected. Sponges were discarded and pads of loose gauze, to be only once employed and then thrown away, came into use. Ligatures made of catgut duly sterilized were employed, as they could be left cut short and undisturbed about a vessel or in the edges of a wound if used as sutures. With the gauze pads came a new feature in our operative technique. Necessity required that these should be dry to preserve their absorbent power on the obscuring or escaping blood. It was soon found that nearly every noxious germ was killed by a temperature above 175° . So in came the principle of dry or moist heat in our work. Pads, bandages, dressings, instruments, towels, sheets, all were rendered sterile by heat, and for the nurses' and surgeons' hands and the operative area came various disinfections from carbolic acid to chlorine and iodine, and, finally, rubber gloves or coverings were resorted to with or without previous moist disinfection. To carry this all out required careful training and long practice. For considerable time I had in my operations at the

New York Hospital one of the interne's work as an overseer to look out for errors in the antiseptic management. He was to call out loudly when an error occurred, and either he or I rectified the error, which was usually the incautious touching of some non-sterilized thing or to pick up something that had fallen to the floor. Once when I was operating on a brain tumor case, with a large attendance of students and noted surgeons, for this was among the first of such operations done in this country, I was horrified to hear the watcher's voice sing out, "Error, Dr. Weir!" I stopped and learned that as the day was dark, the electric light reflector above my head was unpleasantly warm and I had reached up my hand and pushed it up higher. The audience laughed at me, but it served as a text to show them need of constant care, and also to reiterate, as Dr. Hunt, of Philadelphia, had said, that antiseptic surgery was not cocksure surgery. That was twenty years ago, but even now at this writing, when improvements and simple procedure in operative work have steadily advanced, no surgeon that I know of can yet show statistically a record of a large number of wounds made by him germ-free throughout their course. Mishaps from 2 to 3 per cent are to be expected, but they are generally of a trifling character, but the "nigger is there in the fence." In most of these cases the infecting germs develop from the skin adjacent to the primary wound or result from a perforation of the protecting rubber glove.

I had, when Dr. Percy R. Bolton was my House Surgeon in 1891, who afterward became, in 1900, one of the surgeons of the New York Hospital, a good many infections following my operations, in spite of my own and his care (for he showed then the qualifications that subsequently became prominent in his later work and marked him as a surgeon of great ability). We did improve in our results, but something was wrong and it was not disclosed until he made the proposition to me to let him be the only person to hand me the various things required at an operation. Consenting, he arranged that everything, duly sterilized, was placed on small tables near him, so he could reach for them himself, hand me the desired instruments—knife, retractor or what-not, ligatures, sutures, pad or bandages. In short, nothing touched me but the things he passed me. Soiled things went on or into a special receptacle. All this made the work, which continued a month, a little slower, but the outcome was so satisfactory and so surprising to the staff and most instructive to us all and particularly to the operating room nurses, that a new spirit of carefulness and thoroughness was infused into us all. Certainly in my long and active professional life I never had a more satisfactory period of labor than that of the twelve years of my hospital work, from 1888 to 1900. I should like to live it over again, for with the many scientific facts that were brought to light there was attained a precision of action and a wealth of results. These

gave surgeons everywhere intense satisfaction and pleasure for the work's self. My own labors were accomplished with the assistance of the best staff of internes I ever had, and my experience in that grade of assistants has been large, for I have held service besides in the Roosevelt, St. Luke's, Bellevue and other similar institutions in this city—I intentionally emphasize my commendation of their work. They were enthusiastic—I was also; they questioned me on every occasion and I questioned them, gathering their opinions on this or that. I told them often and truthfully that I gained as much from them as they got from me. They were eager to hunt up and settle disputed points and worked like Trojans. Their worth has not been exaggerated by me—the proof is their subsequent success in life, for out of the twenty-six house surgeons who were with me from 1888 to 1900, ten have achieved appointments as surgeons in the various hospitals of this great city. Three of them are surgeons or assistant surgeons in the New York Hospital. Do you wonder that I was proud of them all? With such assistants and with such zeal as we all felt it will readily be comprehended that the teaching at our clinics, and by the demonstrations of the benefits of antiseptic and aseptic surgery and of the many new and perfected operations with the regular exhibition of the after results of the surgical treatment, should attract students to our amphitheatres and wards.

My clinic day was Saturday—Dr. Bull, who was on duty with me, choosing Thursday for his clinic day. The other surgeons mutually arranged their own clinic days. It was not until about 1886 that my endeavors were followed by much of an attendance, but perhaps owing to the circumstances of my being then appointed Professor of Clinical Surgery at the College of Physicians and Surgeons and making clinical teaching more thorough, I succeeded in attracting the medical students to come the long distance from 59th Street to 15th Street. But come they did, and soon, by care in grouping my operative cases when possible, and of carefully showing their progress from week to week, conjoined with short, clearly put explanations of the pathological and physiological changes which presented themselves before and after an operation, I secured at length a large and constant attendance, not only of students, at whose minds I aimed, but also of noted surgeons from all parts of the country to see what Drs. Weir and Bull were doing, just as I did when I was traveling, when I went, for instance, to Mayo's and Murphy's clinics in Rochester and Chicago. This clinical teaching, while fascinating to the witnesses present, is not always the best for the students. It does not occupy fully their time, for while the operation is in progress, often there is little to be seen, or the surgeon is busy and says but little (the less, the better, as later we found that one can't talk without ejecting little spats of spittle which often infected a wound, and the surgeon therefore nowadays covers his mouth with a cur-

tain of gauze and by gestures or prearranged signals obtains from the assistants or nurses what he wants), or his assistants often get in the way. Hence, newer and better methods began about 1898 to come into vogue, whereby the students in small groups attended the surgeons in their rounds in their wards and in the operating rooms, and in turn they witnessed and performed similar operations on living animals (for each college since that time has had an animal clinic for this as well as for beneficent purposes). In consequence the large general surgical clinics have much waned in importance.

Of these large clinics which I have been portraying, there were several others in the city, the chief of which was that held at Bellevue every Saturday. This clinic was conducted by the same Dr. Wood (little Jimmy Wood) who first introduced me to surgery (see page 1). He was a showy surgeon—very dexterous and very quick in his surgical work. He loved the limelights. If he could do an operation rapidly he enjoyed the applause that followed. In the early days of my pupilage he used to fill the big amphitheatre at Bellevue, holding nearly a thousand students, and do a number of operations while the first row of students and the unemployed assistants held their watches open in hand. Once I was present when he invited a distinguished English surgeon to operate before the class and to do an amputation of the thigh for a tubercular knee joint. The surgeon guest made a few concise remarks and did his work carefully, tying the vessels, and ended by closing the stump with suture and applying the necessary bandage, all this occupying over half an hour. Then a similar case was brought for Dr. Wood to perform a similar operation. Flash! Flash! went the amputating knife. "Saw," said the surgeon, and rasp, rasp, the leg was off, two or three big vessels tied, a towel put over the stump and the patient rolled out; time, three and one-half minutes! Dr. Wood beamed. The next week I asked one of the house surgeons how the patients got along. He said, the Englishman's is doing nicely—Dr. Wood's died the same night from hemorrhage! While he was a man of large surgical experience, he was an illiterate one. He told the class once that in private practice they must be careful in their behavior, for, he continued, you must always remember that the eyes of the vox populi are upon you. He also remarked at another clinic that whenever the prefix *peri* was used it meant inflammation, as, for instance, he continued, *pericarditis* meant inflammation of the heart, as *peritonitis* meant inflammation of the bowels! With all his oddities, he was much liked by his fellows and his followers. He never did a mean thing or said a nasty word of anyone.

McBurney held another weekly clinic at the Roosevelt Hospital, more attractive to graduates than to students, but well attended. I was surprised one day, on going into my bank to get a check cashed, to hear the teller say: "Dr. Weir, that was an interesting clinic you gave us last Saturday." "What

do you know about that, young man?" I said. "Why, several of us clerks go regularly every Saturday to your or Dr. Wood's clinic at Bellevue." I left surprised, but arranged that only those showing their student cards and physicians would thereafter be allowed to enter the operating theatre. The rapid increase in the size and business of the great metropolis naturally augmented also the sickness and injuries of its population, and thanks to the management of the City Fathers and to private donations, hospitals had increased largely in number and in size. In 1915 there were in New York City proper eighty-four hospitals and infirmaries, of which twenty were general hospitals of large size and had over one hundred beds each. Dispensaries of various kinds and often for special diseases were started, and made the city a medical as well as a financial center, and new medical colleges were opened, enlarged or improved. The great change in this last respect was the crystallization of the idea that students should early and frequently be brought into close and continued observation of the patients shown them either in hospital wards or in dispensary clinics. To meet this want, extensive outdoor departments were established and connected with many of the large hospitals and colleges, and thus offered opportunities for medical instruction as well as medical care. As previously stated, the function of a modern hospital is not only to care for the sick and injured, but also to show others, students and nurses, how this is to be done. It has become generally felt that the hospital and college should have more intimate connections one with the other. Where means sufficient exist they should be under one directory board, but as this millennial picture can only be seldom realized, the endeavor should be to make the two hearts beat as one as far as possible. As in the college are gathered the best exponents of medical thought and experience, it is felt that the hospital and college should jointly appoint the medical officers of the Hospital and the Out-Patient Departments. With hospital appointments made in this manner, salaries for special work or analysis might be required, for which the college should pro rata contribute. These imperfect ideas have been growing stronger each decade, and our medical colleges strive either to own a hospital, which they rarely accomplish, or they attempted affiliations of a less strength with existing hospitals. In this endeavor, the Bellevue Medical College, with its neighbor, the University Medical College, formerly in East Fourteenth Street, managed to secure the majority of the Bellevue Hospital and Dispensary appointments. The College of Physicians and Surgeons, now moved to West Fifty-ninth Street, opposite to the Roosevelt Hospital, effected a temporary alliance with that hospital, this union being later more decidedly effected with the Presbyterian Hospital. Finally, the Cornell University, which had recently established its medical college in this city, made efforts for a similar conjunction, and some thought these might be directed toward the New York Hos-

pital—a suggestion that seemed to be corroborated by the appointment of Dr. L. A. Stimson in 1888, of the staff of that college, to be an Attending Surgeon at the New York Hospital. Dr. Stimson was also appointed at the same time as the Surgeon of the House of Relief.

This digression has been purposely made, as it bears on my final service at the New York Hospital. Early in the year 1900, without a word of conference or intimation, I was notified by the hospital superintendent that the executive committee of the hospital, a small committee of five governors who met weekly partially to relieve the general board of its larger work, had directed that the Saturday clinic should hereafter be divided and every other week be conducted by Dr. Stimson. I moreover found that on the first coming Saturday, when I attempted to exhibit cases (not to operate) at an hour not occupied for clinic purposes, I was further informed by the chairman of this committee himself that no teaching or operation could be done by me publicly on the day that Dr. Stimson held his clinic, and *vice versa*. This naturally broke up my clinic, since to show cases only every two weeks after the operation had been witnessed destroyed the proper continuity of teaching.

I did not think of aught but the injustice of both the deed and its manner. I regret now that I had not gone to the governors at their next full meeting and put the position as I saw it before them. I therefore submitted to the injunction, but naturally was restive under it. The reasons for this action were evident to those acquainted with the medical politics of that day, which need not now be amplified. Had a request been made to me by any of the other surgeons to share the Saturday clinic with them, I would have gladly tried to meet their wishes. It would not have been difficult to arrange a workable plan. Relief, however, came unexpectedly and satisfactorily to me. Dr. McBurney, whose name is so indissolubly joined to the successful surgical treatment of appendicitis, had suddenly resigned his position at the Roosevelt Hospital, and Dr. Bull and myself, each of us being a co-professor of surgery in the college opposite the hospital, were asked to further the teaching of the students, who lost much time in going to and from the New York Hospital, by taking charge of the surgical service of the Roosevelt Hospital. This was particularly pleasing to Dr. Bull and myself, for by this arrangement we each would have continuous service, a condition aimed at and lost at the New York Hospital, and also an assistant to help in the ward service and to take charge of our wards in our vacation periods. This offer was accepted by both of us, and resulted in our sending in our resignations to the New York Hospital Board, which were duly accepted, and entering upon our new duties at the Roosevelt Hospital in the spring of 1900.

* See Appendix B.

At the next meeting of the New York Hospital Governors I was made a Consulting Surgeon, a position that I yet hold.

This was also a remarkable year to me, for in it I received the highest compliment in my career. I was made, with three other American surgeons—Dr. Keen, of Philadelphia, Dr. Halstead, of Baltimore, and Dr. Warren, of Boston—an Honorary Fellow of the Royal College of Surgeons of England. This was the first time such authority had been given to this venerable and venerated society. To celebrate its one hundredth anniversary, Parliament had recently granted them the privilege, which before did not exist, of bestowing fifty Honorary Fellowships. Three or four were selected from each prominent nation, and the honors were personally given in London, 1900, with great pomp and ceremony. The Prince of Wales and the Prime Minister Salisbury were likewise similarly decorated.

Though not a reminiscence of the New York Hospital, I may add that I continued at work until 1906 at the Roosevelt Hospital, when I resigned that position. This act, with the resignation of my professorship in the College in 1903, was the finish of my professional career. The students then presented me with a silver loving cup appropriately inscribed, together with an address that touched me deeply.* In 1907 I retired from general practice and devoted several years to the pleasure of travel, in which in previous summers I could only indulge in my vacation periods. In 1895 I married Mrs. Mary B. Alden, who was as earnest a traveler as myself, and now free from all cares, we journeyed widely. We visited what was best in all the various continents save South America. Our longest trips were twice around the world, which included side expeditions to Burma, Siam, Java and the Philippines. Travel being finally cut off by waning strength, I turned to horticulture for comfort and occupation at Lake George, New York, in the summer, and at Nassau, Bahamas, with its delightful climate, in the winter. I take great pleasure in the cultivation of my flowers and rejoice when they excel those of my neighbors and mourn when they do not, not yet having killed all of the old Adam that exists in most of us. In 1910 I was complimented by my former hospital colleagues and house surgeons, over one hundred in number, by a public dinner at the University Club, when Dr. Abbe, presiding, bestowed on me an elegant silver cup with a loving inscription engraved on it.**

My only connection now with my hospital life is the holding of the complimentary office of Consulting Surgeon, not only to the New York Hospital, but also to the Roosevelt and St. Vincent's Hospitals, having resigned similar positions at St. Luke's and the Ruptured and Crippled and the General

* See Appendix E.

** See Appendix II.

Memorial Hospitals, also at the New York Eye and Ear Infirmary and several other lesser institutions. And as still an officer of the Medical Reserve Corps since the Spanish War, I hope yet to be, in case of need, of some service to my country in any of her trials.

The very pleasing task given me by Mr. Howard Townsend, the President of the New York Hospital, is done. He generously allowed me a large liberty in space and expression in its completion. This I have perhaps too extensively availed myself of, and also with the garrulity of age (now nearly eighty) have occupied too much time and space that must seem to others to be ill spent. But I can end fitly with the quotation from one of our childhood's poems:

"View me not with a critic's eye,
But pass my imperfections by."

CIVIL WAR RECOLLECTIONS *

BY ROBERT F. WEIR,

Assistant Surgeon, U. S. A., 1861-1865

On page 7 of my *Reminiscences of the New York Hospital* I described how when the Civil War broke out in 1861 I hastily and unexpectedly obtained a uniform, and a few days after the firing on Fort Sumter in April of that year, I had joined the 12th N. Y. State Militia as an assistant surgeon, and with that regiment went to the war.

I marched down Broadway with Guthrie's "Commentaries on Military Surgery" under my coat and my pockets filled with emergency medicines and bandages. It was Sunday, just as the church services were over; the streets were jammed, with the crowds showing greater and more intense enthusiasm than is being manifested in our present war with Germany. Besides my own regiment were three others going to Washington via Annapolis, as the Seventh Regiment, which preceded us, was then fighting its way through Baltimore, so we were to get to Washington by a different route. From the great crowd we all had greetings and good wishes from friends, and I was most impressed as we passed Grace Church to see Miss Beekman, daughter of one of the Hospital Governors, and whom I knew but slightly, rush through the ranks to me and with tears rolling down her cheeks bid me a hearty "Godspeed." The next day saw us at Annapolis and started for a cross-country march to Washington. A very hard trip it was for green infantry, and especially for the privates with their heavy knapsacks. We officers had scant fare, and only a few of us picked up a dinner at a farmhouse of ham and eggs, for which the hostess charged us five dollars each. One bit of relief came in then. One of our dinner party of five had carried from Annapolis a bottle of champagne which a friend had given him, and when on our renewed march we stopped for a few minutes he said, "Let's drink this up; I'm tired carrying it." So out came our tin cups, but the champagne refused to be opened; our penknives would not answer, so one of them took my brand-

* These recollections and the appendix are not properly a part of the *Reminiscences of the New York Hospital* published in their Bulletin but have been permitted by the President of the Hospital to be added to a limited number of that Bulletin for the purpose of a private and personal distribution to the family and intimate friends of the writer. The narrowing of this publication is a permissible reason for the admission into print of the possibly too laudatory pages found in the appendix—R. F. W.

new gilt dress sword, drew it and neatly cracked off the neck of the bottle and lost but little of the precious hot fluid. My sword in the next four years was only used for an occasional formal salute.

The following day we got to Washington and were located in hastily erected wooden barracks just back of Willard's Hotel, and the regiment early thereafter put through a course of drilling by its very efficient Colonel, Dan Butterfield, who was afterward made Chief of Staff to the Army of the Potomac under General McClellan. Shortly afterward President Lincoln summoned to him the officers of the regiment, as he did of the other volunteer regiments stationed in the city. We were received in the semi-private room on the second floor of the White House and were ranged in two rows, the officers of higher rank in the front row and those of lesser rank in the rear, and a space of three feet between them. Mr. Lincoln addressed the Colonel with a little speech of a few moments' duration, the purport of which I lost nearly all because of a ridiculous incident which occurred. Little Tad Lincoln, who was about ten or twelve years of age, had marched between the two rows of the officers and stopped in front of me, just behind the Colonel, who wore a very broad and gaudy gilt shoulder-strap to hold up his sword belt. The boy was attracted by this, and in a moment had wet his fingers on his tongue and began smearing them over the Colonel's shoulder-strap. I shook my finger at him, whereupon he bent his head and butted me in the stomach, which doubled me up, and when I rose I saw him at the end of the row with his thumb at his nose and fingers wriggling. I confess I rejoiced for a moment when I heard in later years that he had caught smallpox.

This was not the only time I saw Lincoln. He came to Frederick, Maryland, where I was subsequently stationed when Hooker was relieved from his command prior to its march under Meade towards Gettysburg, when I was presented to him, a tall, ungainly figure on horseback, and later again, and the most memorable of all, I stood within twenty feet of him when, after Gettysburg, he delivered his memorable address—so noble and in such fitting words that a copy is now framed at Oxford as the finest extant specimen of the English language. Our regiment finally went into the field, but I had, by August, 1861, left them to become an assistant surgeon in the United States Army. I passed the Board and was first assigned to the Second U. S. Cavalry, just up in Maryland from Texas, where it had been under the command of Colonel Robert E. Lee, who afterwards seceded with his State and became the great soldier of the Confederacy. The commander of the regiment to whom I was ordered to report was Colonel George H. Thomas, later the celebrated General Thomas, familiarly known by his trusted officers and soldiers as "Pap Thomas." He and I received our commissions the same day, his as brigadier-general and mine as assistant surgeon, and took together the oath of allegiance customary on such occasions.

I learned two things aside from my medical duties in this my first introduction to the regular army life that proved serviceable. The first was the art of mixing drinks and the second was a lesson in gambling. This sounds demoralizing. I was told within a day or two of my joining the regiment that "Pills" was always their toddy mixer, so, regularly at 4 o'clock in the afternoon one jorum of hot Scotch whiskey was I compelled to make, and again after dinner sundry rounds of the same for the various members of the mess. Other drinks were often called for, and I was duly instructed in their manufacture. I often slipped off to bed by nine o'clock if I could, but was not always successful. I rarely consumed more than my one drink, but in after life I was often complimented on the tastefulness of my spirituous combinations. The gambling question was strongly impressed on me in this way. Remember, however, that I had never earned up to any more than a hundred dollars and that my parents' allowance to me had always been rather restricted. So when after three months' waiting the paymaster arrived and distributed to all of us our pay in gold, hilarity ensued. Soon the \$20 gold pieces were being tossed up for heads or tails, with double and quit as a caution. I, a green 'un, was jeered into the game, and in less time than it takes to write of it had lost \$200, nearly two months pay, and was quite "sick" of the fun and tried to retire, but one of the older officers engaged in the game—for all were at it—said, "Don't give up, Pills; it's sure to be your turn," and so it was. Then good fortune came my way and I was glad to get up and leave. Unused to liberal money, its possible rapid loss influenced me for many years, and I've been thankfully content since with the joys of a ten-cent poker game and the like. The lesson I had proved a good one.

Stonewall Jackson was at this time raiding, often successfully, up and down the Shenandoah Valley, and my military experience was inaugurated when I went on duty with General Thomas and his escort towards Winchester, Virginia. The road was supposed to be free from the enemy, but suddenly a sound of gunfire was heard with the noise of flying bullets, which made me "duck" in spite of myself. Much mortified, I looked around and found General Thomas ducking in the same manner. He saw my action and said, "Don't be ashamed, Doctor; though I've been in many fights, I can't help it for two or three times; then you get used to it and don't mind it. And after all," he concluded, "it is so foolish, for when you hear the 'ping' the bullet has gone by you." The attack ended as suddenly as it began. General Banks' (who succeeded the rather inefficient General Patterson, who commanded the Department of the Shenandoah) headquarters were soon thereafter established for the winter at Frederick, Maryland, but I had had a little further experience in a skirmish at Martinsburg, Va., and as a medical relief officer to General Stone at Ball Bluff, when he had been repulsed in his unsuccessful attempt to cross the Potomac at that point. His loss was

great and the unsatisfactory action of the volunteers in his forces, under the command of a political colonel, was very marked. I arrived the morning after the fight and reported to the commanding officer's tent and turned over my supplies. A few minutes later I was requested to join the General at his breakfast with his aides. A sadder time I never spent. Beyond the few words that politeness demanded, General Stone was plunged in the deepest distress, which was unbroken by his aides. I was glad when he arose and thus allowed me to make my exit. My heart went out in pity to him. He was an able officer, and his fellows said he never recovered from this blow to his ambitions.

General Banks' medical director at first assigned me to Battery F of the U. S. Fourth Artillery, commanded by Captain Clement Best. The command was a small one, with only three or four officers to it, but everything was done in the best military style. I reported to him and was assigned a tent and a striker—that is to say, an enlisted man to look after my things and my comfort generally and to strike my tent when camp was moved, whence the name. Bugler Molloy he was called, and his duty was to sound the calls to the various duties of the day. I found that sick call was at seven o'clock in the morning in the winter. This came rather hard to me, and after a week of the so-called beneficent early rising I told Molloy not to sound the sick call until 7:30. Oh, what a row I got into! The officer of the day demanded of the sergeant why he was behind time, and he got at Molloy, and Molloy saved himself by telling of my order. Hence I in turn received a command to report to the Captain, who told me sharply that he was the only one who could give such directions, and that existing orders would be continued. So I got up thereafter at seven o'clock and dosed the men as required.

Captain Best, who afterward became Colonel of the same regiment, was usually followed in winters, or at other times if the probabilities of a prolonged camp obtained, by his wife, a large, stout and very pleasant woman, who took charge of his tent and his things, and particularly supervised our service mess, greatly to our advantage. The Captain one day at dinner stood up and said that he had in several ways rather roughly handled "Pills," as all the army officers called the assistant surgeons (calling a full surgeon "Doctor" or "Major"), but he must now take all back and publicly acknowledge his skill, "for," he continued, "three days ago I was suffering from chills, etcetera, for which he (Pills) gave me remedies which have restored me promptly to health. If you don't believe this, here are the pills he prescribed." and he pulled them out of his vest pocket and rattled them on the table. The only doubt, he added, was that if so powerfully efficacious when carried on his person, they might have proved dangerous when carried in his person!

Soon after this I was summoned to the Department Medical Director's

office to receive orders to take charge of a small hospital of about one hundred beds, on what was called Braddock Hill, at Frederick, Maryland, where in the previous century and before the Revolutionary War there had been erected for General Braddock and his troops stone barracks of considerable size and situated in a large, grassy enclosure. He, his officers and troops occupied these buildings and grounds the winter before he made his fatal advance to the French Fort Duquesne, a fight that disgraced Braddock, but gave renown to Colonel Washington. This hospital now contained a large number of Wisconsin soldiers, afflicted with a serious epidemic of measles which had a large mortality. From some source the Medical Director heard that I was a New York Hospital graduate, and he thereupon put me in charge of this hospital with several good assistants. I was quickly enabled by cleanliness, fresh air, by open-hearth fires and good diet, to terminate the mortality rate of those in the hospital, and the suggestions of the Medical Director to clean up the outlying field camps by substituting mattresses for the loose, moldy straw used for bedding soon stopped the further development of such cases. But the Medical Director told me I seemed to know how to run a hospital better than the surgeon who had preceded me. If I did, it was only owing to my persistent curiosity as House Surgeon at the New York Hospital, where, in addition to my surgical knowledge, I had acquired, by its exercise and by virtue of poking around, a good deal of information as to the cooking, ventilation, etc., etc. This knowledge I had put to good use in my military hospital work. This work was hard and incessant, except in winter, when military action was in abeyance.

I was not allowed to go back to my military camp, but was kept at the hospital until the following Spring of 1862, when great military activity arose in this section of the country, and the hospital increased in size by the addition of numerous single-storied wide pavilions of wood, holding each from forty to fifty patients. The Sisters of Charity from Emmetsburg nearby offered their intelligent services and were thankfully accepted by me. They were faithful, kind to the patients and cleanly, and were unsurpassed by the ordinary female nurses obtained haphazard. They, however, never equaled in skill and training the hospital nurse of today. The growth of this hospital was due mainly to its being the nearest one to the battle grounds of the Shenandoah Valley and to the fields of South Mountain, Antietam and to Gettysburg (partially). It rose to the capacity of 3,000 patients and my assistants increased to twenty-five in number, exclusive of some six or eight Medical Cadets, as certain selected young graduates and undergraduates were called. In the medical staff were men who subsequently became well known in their profession, such as Dr. W. W. Keen, who came with me as an Acting Assistant Surgeon, i. e., a civil, paid surgeon with a temporary rank, who later passed the examination as Assistant Surgeon of the U. S. Army,

but before his commission arrived left me to join with Dr. S. Weir Mitchell in the starting of a hospital in Philadelphia for the treatment of military injury of nerves, and who has since risen to the top rank in the medical profession of the United States. Dr. George L. Porter, an Assistant Surgeon in the U. S. Army, was also with me. He achieved eminence and is still living at Bridgeport, Conn. Dr. A. B. Ball, later one of the physicians of the New York Hospital (1882-1905), and Dr. David Magie, subsequently noted physicians in New York, were also on my staff. A laughable incident happened to one of these Assistant Surgeons, a Dr. Goldsborough. Our occasional outbreaks of smallpox were treated in a small enclosure just outside the main hospital grounds, where in addition to a small ward was a sleeping room for the doctors, who were allotted a week's duty in turn, medicines and food for the patients and physician being carried to a shed nearby the door. This Dr. Goldsborough sought me and asked that his eventuated turn of duty in this hospital be changed, giving as his excuse, with some hesitation, that he was courting a girl in the town and that he feared ill fortune might result if she knew he was on duty in the smallpox hospital. He had secured an exchange with one of the staff, but required my assent to this procedure. I smiled and granted his request. The Sunday following he was seen in full uniform en route with his inamorata to one of the small churches in the neighborhood. Two days later he said he was ready to go to the smallpox hospital, and from one of his associates it was learned that the rupture in his affairs had arisen in a ridiculous way. In the little church the collection was taken up in a bag with a long handle, which was thrust to the depth of the pew and slowly withdrawn to the aisle to accommodate the various donors. When the inward pass of the bag took place Dr. Goldsborough thrust his hand in his pocket to get a good sized piece of silver as a contribution; he found that he had only one large, old-fashioned copper cent. This he tried, as the bag reached him next the aisle, to drop unobtrusively into it, when alas, some joggle threw the coin outside the bag and it slipped with much noise to the floor of the broad aisle, where instead of quietly reposing it gyrated around several times, attracting a good deal of attention, and particularly that of his lass, who gave him the cold shoulder for his stinginess, and, as he said, dropped him entirely.

My New York Hospital "stunts" helped me in my hospital duties greatly. Daily inspections of everything culinary and medical by the Medical Officer of the day and by myself and staff every Sunday held cleanliness and proper ventilation with warmth up to the highest level, and the maintenance of complete medical and surgical histories, with due preparation of all interesting specimens and daily reports of cases requiring medical or other consultation, kept all busy, with such an effect that the Medical Inspectors in their rounds would speak well of the U. S. Army General Hospital at Frederick,

Maryland, and the Surgeon-General himself, in his less frequent visits, was kind enough to commend our efforts in an official letter from his office.* I remained on duty here until the end of the war, when I resigned my commission and returned to New York to build up a practice.

Before going on further, I should like to say a word about this Surgeon-General, who was Dr. William A. Hammond. He was an Assistant Surgeon, U. S. A., and was elevated by reason of his executive ability to the position of the army's chief medical officer and had performed his duties, we juniors all thought, ably and promptly, and in spite of the subsequent successful attack on him by the arrogant but able Secretary of War Stanton, which cost Hammond his position, he was respected for what he had done for the Medical Department of the Army.

After his dismissal from the service, Hammond went to New York and engaged in practice and made a rapid success in the specialty of brain and nerve disorders. In the excitement that followed the homicidal wounding of President Garfield he, with many other medical men who were interviewed by the besieging reporters, strongly expressed the view that the published bulletins on the President's case showed the existence of retained pus and that an exit for it ought, if possible, to be effected. One morning I received a note from Hammond in which he said he had just been interviewed by a Mr. Thompson from the State Department at Washington, who informed him that at a Cabinet meeting held last night it had been determined to change the President's physicians, and that he had been sent to ask him to take charge and proceed at once to Washington. Furthermore, he was requested to bring with him a reliable surgeon who should be experienced in gunshot wounds. Would I go with him? If so, would I meet him at the Jersey City Ferry, this side, at three o'clock? I replied affirmatively and at the hour appointed was at the ferry with my instrument and suit case, and found Dr. Hammond there waiting for Mr. Thompson, who was behindhand. Time passed and no Thompson. We waited until after the next train for Washington had left, but did not see the Government Agent. During the waiting, naturally I plied Dr. Hammond with the usual questions, as to Thompson's appearance, and what he said, etc., etc. Among the details thus elicited was one that immediately attracted my attention. It appears that as the agent was about leaving, he said he must hurry, as he wished to stop at the Second National Bank to get a check cashed. Dr. Hammond told him that if the check was not a large one, he might be able to save his time and cash it for him. "I shall only want about twenty-five dollars," and drew a check for that amount, which Dr. Hammond cashed.

So I said, "Dr. Hammond, I think we had better stop at this bank as we go uptown and inquire about the check." We did so, and the answer

* See Appendix A.

by the paying teller was, "No account here." Hammond was much mortified, as I was also, at this hoax, and begged that I would keep the matter quiet. This I have done, and until now have never made any public allusion to the matter.

While in the field I had been for a short time on a board of which there were many started, to winnow out the unworthy ones of the many regimental medical officers. Many queer and ridiculous answers were given to our questions. Drs. Hammond and Letterman, Medical Directors of the Army of the Potomac, constituted, with another whose name I forget, the Board of Examiners, stationed at Washington. After five or six doctors had been before them, Dr. Hammond said, "Letterman, I notice that one of your regular questions, presumed to test the man's literary intelligence, is, 'Who wrote the Book of Job?' I think that's a pretty tough one, and though I claim to have a fair literary intelligence, I'll be hanged if I know who did write it." Letterman replied, with a twinkling eye, "I don't know either, Hammond; I'm trying to find out."

Maryland was invaded in this part twice, and each time I was made a prisoner and was threatened the last time (Earley's invasion) with a trip to the Libby prison at Richmond, Va. The first time occurred when Lee's army swarmed across the Potomac, to be checked by the battles at South Mountain and at Antietam. We had been forewarned, and nearly all my extra stores had been concealed or destroyed, and all movable patients shipped to Baltimore when the enemy arrived. Stonewall Jackson's men camped in the hospital grounds, having made a march of twenty-four miles, and I couldn't help complimenting one of the officers on their sturdy appearance. He answered only, "You don't know how much we have done and how many we have lost to have such fellows." I might have had trouble, but in one of the Louisiana regiments I recognized a medical friend, who said when I hoped to be allowed to stay and care for my northern soldiers, "Don't you worry about that, I'll fix it." In about an hour he returned with an order putting him in charge of the hospital, with southern doctors for southern patients and myself and my assistants for the northern sick and wounded.

This condition of affairs lasted but a few days, when we learned that the United States troops were en route under McClellan and would probably be in Frederick in forty-eight hours. The next day the soldiers of Lee, tramping westward all the day long, passed in close column with few stops through Patrick Street, which led towards South Mountain and Antietam. I was standing within fifty feet of a spot that was soon to become noted by reason of Whittier's poem of "Barbara Frietche." No such incident occurred as was given in that wonderful poem, no volley was fired or attempted to be fired at her, nor did Stonewall Jackson's troops pass her door, for they turned two to three hundred feet short of her house and into another road to avoid

the crest of the main road. Barbara, however, did exist—she was an old woman almost if not in her dotage, who sat at an upper window looking at the passing troops and held a small toy American flag in her hand, which did not attract any special notice.

Our soldiers got in the next morning, things had quieted down and I had gone, as had become rather habitual with me, to the house of Miss Maria Washington McPherson, one of the belles of the place and to whom I was subsequently married. She was a great-great-grandniece of George Washington in the line of his brother Samuel. (I've never found out that this progenitor of my wife had any special merit except, as I learned later, that he had been the husband of five wives, and that on his decease he was placed so as to be surrounded by their remains.) Miss McPherson was also by her Todd relatives in Kentucky a great-grandniece of the famous Dolly Madison, and at the Centennial ball given in New York in 1876 she was selected as the representative of the Washington family. I know I shall be pardoned for these allusions to this charming woman.*

While I was, as I said, at Miss McPherson's house playing a game of euchre with her parents—for I had been told that who would the daughter win, must with the parents first begin—the game was interrupted by the entrance of my chief hospital steward, who said, "Doctor, General McClellan wants to see you." "What do you mean, steward?" I said. Drawing himself to his full height and with a formal salute, he said, "Dr. Weir, Major-General McClellan desires your immediate presence at the hospital." Thereupon I went and found the Commanding General and his Medical Director, Dr. Letterman. The General in a few words asked me how many beds I had. I told him, and he said, "That is not enough—I expect a battle with the enemy tomorrow at South Mountain Pass, and possibly further on. I direct you to secure accommodation for 3,000 to 5,000 (looking then at Dr. Letterman, who nodded) wounded." I saluted and left, followed by Dr. Letterman, who directed me to take possession of all the churches, except one Protestant and one Catholic one, and all the hotels and schools that I needed. He further wired Baltimore to send me all the necessary beds, bedding and supplies. With my assistants and steward, how I did hustle that night and the next. With gangs of carpenters, floors were laid on the tops of all the church pews, stoves for cooking put in, etc., etc. By night time some 4,000 beds were ready. The only hitch I had was bettering a volunteer Brigade Surgeon, whose rank was higher than mine. He refused to be under me, but when I told him, learning that he was a Catholic, that if he would take charge of the Seminary belonging to them, which I had occupied as a hospital, I wouldn't bother him nor he me until an officer who ranked us

* She died in Milan, Italy, in 1900, while we were on our usual vacation travel, leaving a daughter, now Mrs. Alice Washington La Montagne.

both might arrive. He had been at some time past in the regular army, was a good surgeon and aside from this episode did not interfere with me.

Thirty-six hours after my interview with General McClellan the wounded began to pour in from the battle at South Mountain, some fifteen miles distant. They were, of course, the mobile ones, and most were shipped by train to Baltimore. A few days later came the large battle of Antietam. All the hospitals were filled to overflowing, operations of various kinds were going on from dawn to bedtime. In every operating room I placed a head surgeon, not always for the operation, but for the final decision. The Sanitary and Christian Commissions, particularly the former, rendered most efficient help in materials and men, particularly with the excellent selection of professional men, such as I have already spoken of—Drs. Buck, Post, Peters and others from Philadelphia and Boston as well. Dr. Oliver Wendell Holmes I also saw. He was hunting for his wounded son. Not finding him at Frederick, I assisted his advance to the front, where his son was. As time went on the town hospitals were gradually closed up and one by one the severe patients transferred to the General Hospital and the lighter ones to Baltimore, and in the course of two to four weeks the emptying of the cases necessarily held in the camp and field hospital took place. I found by that time that I had over 150 gunshot fractures of the thigh and some 75 wounds of the knee joint in my wards. In spite of the liberal incisions made in these suppurating joints or the many suppurating pockets, the complications of erysipelas, hospital gangrene and pyæmia kept up, conjoined with frequent secondary hemorrhage from a damaged or sloughing artery. All this begat a heavy mortality. The best surgical work of the camp hospitals was rendered by Dr. J. W. S. Gouley,* of the regular army, and his patients showed well his care when they got to our wards.

The only wound dressings that approached unwittingly to antisepticism were the balsam of peru and solutions of corrosive sublimate, the first a mild and uncertain germicide and used freely on wounds, particularly when they were granulating, it being supposed to favor cicatrization, and the latter was reserved for injecting into slow-healing wound tracks or sinuses—for which it often acted very well, though we did not then know it was one of our present most potent germicides. Of course we then did not know anything about germicides. It was only late in 1864 and in 1865 that rumors of the excellent action of carbolic acid reached us, and the medical purveyors sent us a mixture of earth impregnated slightly with carbolic acid, which was so messy and troublesome that no earnest trial was ever made of it.

The phrase "secondary hemorrhage" brings to mind how a "skulker"

* Dr. Gouley was later Surgeon to the Bellevue and St. Vincent's Hospitals, and is yet living in New York at a greatly advanced age.

was foiled in his malingering efforts to get a discharge. He entered our hospital voiceless from a recent sore throat, but was otherwise in good condition. After a while he was used, as many slightly disabled soldiers were, as an orderly or assistant in the wards and did the work well. But after six or eight weeks of this duty, he demanded his discharge from the service and was ordered before our examining board, who held up his case, suspecting he might be shamming, and had him carefully watched day and night. Even the heroic remedy advised by Dr. George Suckley, U. S. A. (House Surgeon at the New York Hospital, 1854), of blistering the spine in sections its full length, beginning at the neck and reaching in time to the buttocks, was tried without result. I even had him etherized, thinking that in entering or recovering from his anaesthesia he might speak, but he didn't. I directed, therefore, his papers to be made out and to be ready for me to sign and forward the next day to the Adjutant-General's office at Washington, when the man's fat fell in the fire most unexpectedly and in this way. Each of my assistants acted in turn as medical officer of the day and waited and slept in his clothes after his ward work was done in the room devoted to that purpose. The suspected man was a nurse in Dr. Paullin's ward. Dr. Shimer's name was up as the medical officer of the day and his name was duly displayed outside the door, but this evening Dr. Shimer had asked Paullin to take his place while he went to the town to attend a dance. The stage being now arranged, the catastrophe follows. About one o'clock the medical officer of the day's room was burst open and this nurse entered, screaming in a loud voice, "Doctor, Doctor, come over to Ward N at once; Jenkins is bleeding to death!" Paullin, as he jumped up, said, "I'll be right over, but I'm glad you've got your voice back." The detected man was returned to his regiment the next day.

Since the above was written and discursive jottings were, as I thought, finished, I had the opportunity of meeting the Alumni of the New York Hospital at their last annual dinner (1917), when I had the great pleasure of renewing my youth with their glad and affectionate greetings. I sat during the repast between Dr. Turnure, one of my former house surgeons, and Dr. Pool, one of Dr. Bull's former house surgeons, and both of them now attending surgeons of the New York Hospital. Most enjoyable was their conversation and narration of joint reminiscences. Of the many things touched upon each particularly recalled interesting memories. Dr. Turnure particularly recalled to me the hopes that failed me after a particularly successful operation which may be considered as an adjunct to the plastic ones that I have spoken of in connection with Dr. Buck's surgical work, as narrated in my reminiscences (page 27). Dr. Turnure's corpse reviver was, that I had been consulted when in my active period of work by a wealthy Hebrew whose principal question was, could I straighten his nose and give him, as

he said, a Christian nose without scarring his face. I said it could be done, and so he submitted to etherization, under which, after the plan of Dr. Roe, of Rochester, N. Y., I separated through the nostrils the skin from the cartilage and bones of the nose and by the same route was able to pare off enough of the cartilage to bring the nasal curved line to a straight one. Not satisfied, the patient a short time afterward asked to have the width of the nose diminished. This also was effected without perceptible scar, thanks to using the natural lines at the junction of the nose with the cheeks. Still another operation was demanded—to overcome the turned-out full lips. By taking out a transverse piece on the inside of the lips I drew the lips inward along their edges, much to the patient's and my own satisfaction. I was compelled, however, at his next request, to admit that I could do nothing to change the character of his large, reddish-brown eyes, so characteristic of his race. He expressed his thanks largely and paid his bill in the same way, and was about to go away when I asked how he managed to escape the queries of his family and friends during the two or three weeks that were required for the doing and completing of these several operations. He said he told them he had been all this time nominally at Washington. I further inquired, and in this I had a strong personal reason, for as I looked on the successful change in his features I could not but feel that a large and lucrative specialty was opening to me, so as I said I inquired what his family and friends thought of his face. Here he dashed all my hopes to the ground when he said with a sly laugh, "I tell them it all happened while I was away by being thrown from my horse and landing on my face and that this pushed my nose straight!"

Dr. Pool said that when he was a medical student he attended the first surgical lecture which I delivered in the College of Physicians and Surgeons in 1892. He alluded to one point in that lecture which was on the changes that might follow the simple cut of a razor in shaving, which opened up a large chapter of surgical pathology, which he said I delivered *con amore*. He said he remembered I had in illustration of the help afforded by a rag or the like held against the little wound in arresting the bleeding by mechanically promoting coagulation of the blood; that I told them that my father kept all his old summer furry high hats (1840-50) for this particular purpose—that is to say, for pulling out a bit of the fur and pressing it against the bleeding spot. It was such a novelty to Dr. Pool that he never forgot it.

APPENDIX A

(See page 47)

SURGEON-GENERAL'S OFFICE

Washington City, July 16, 1862.

Sir—I am directed by the Surgeon-General to express to you his gratification at hearing the many encomiums bestowed upon the hospital under your charge. These praises, referring both to the police and good order of the hospital, and also to the general good management by yourself, have reached this Department, not only through irresponsible and therefore unreliable sources, but through the official reports of its authorized inspectors. Early after your entry into the service you were placed in a position of trust and responsibility, and you have not belied the judgment of this Department when selecting you, first, for one of its members, and afterwards, to fill one of its most important positions. The Surgeon-General believes and trusts that the industry and ability which you have already displayed you will continue to manifest and develop to the credit of the corps of which he has the honor to be the head.

Very respectfully your obedient servant.

By order,

JOS. R. SMITH,

Asst. Surg., U. S. A.

Asst. Surgeon R. F. WEIR, U. S. A.,
General Hospital, Frederick, Md.

APPENDIX B

(See page 38)

THE SOCIETY OF THE NEW YORK HOSPITAL

NO. 8 WEST 16TH STREET

NEW YORK, May 2, 1900.

ROBERT F. WEIR, M.D.,
37 WEST 33RD STREET.

Dear Doctor:

I beg to inform you that at a meeting of the Board of Governors of the Society of the New York Hospital, held the 1st instant, your communication, tendering your resignation as Attending Surgeon to the Hospital, was duly laid before them, whereupon, on motion, the following resolution was adopted:

Resolved, That the resignation of Dr. Robert F. Weir as Attending Surgeon to the Hospital is hereby duly received and accepted, with the thanks of the Board of Governors for his long, faithful and distinguished services rendered to the Hospital.

I have the honor to remain,

Very respectfully,

HENRY W. CRANE, *Secretary*.

APPENDIX C

(See page 38)

WILLIAM WARNER HOPPIN

TRINITY BUILDING, No. 111 BROADWAY

NEW YORK, May 3, 1900.

My Dear Dr. Weir:

Although I was not able to be present at the meeting of the Board of Governors of the New York Hospital yesterday, I am told that your resignation was presented and accepted.

I cannot allow such an occasion as this to pass without expressing to you as an individual my sincere appreciation of the splendid work that you have done while Attending Surgeon at the Hospital, and of your untiring devotion to its interests.

You have reached a position in the profession which entitles you to well-earned rest, but I understand that this is not to be the case, but that in another institution you are to continue in active hospital practice, not only as surgeon but as instructor.

Believe me, my dear Doctor, with sentiments of sincere esteem,

Yours faithfully,

WM. W. HOPPIN.

APPENDIX D

On the occasion of the presentation of the required portrait of the retiring President of the New York Academy of Medicine, in 1902, Dr. Joseph D. Bryant, one of its former presidents, made the following remarks:

Mr. President and Fellows of the Academy: It is, indeed, a welcome privilege for me to be permitted to speak of a friend on an occasion of this kind. Under these circumstances one is inclined to tell of the professional attainments of the friend, and under all proper surroundings one should declare the friend's loyal adherence to probity and to his own friends, speaking also of his kind and genial nature, ever shedding its sunshine, without shadows, on all who came within the sphere of his influence. If our entire profession were here this evening, it would be a supererogation on my part to recite the achievements of our much-respected Fellow in the field of his choice. For along the pathway of surgical endeavor, both at home and abroad, for nearly a quarter of a century are frequently noted well-recognized and enduring evidences of Dr. Weir's thoughtful and beneficent labors. His teachings, his writings and his practical illustrations in surgery have ever been constructive, and his ideas of surgical problems and of surgical policies are both wise and refreshing. Fitting, indeed, is it that this excellent likeness of our friend should be made fast to the wall of this institution, nearby to the portraits of those who were pioneers in the Art which our esteemed Fellow so aptly graces—Valentine Mott, Van Buren, Hamilton and Wood. While we gladly do him honor here at this time, let us not be unmindful of the fact that already he has been highly honored abroad. It is not at all strange, I think, that one who has attained well-grounded eminence in a special field of thought or effort, requiring for the purpose earnest actions based on honest conceptions, should be alike loyal to wholesome principles and to wholesome friends. If this be true, then Dr. Weir's attributes in these respects are but the logical heritage of an honest heart. His genial greeting, his warm friendly grasp of the hand, and his frequent verbal conceits are like unto summer showers, delightful and refreshing, serving equally to lighten his own burdens and to lessen the stress of those of his Fellows. Were he here at this minute, might he not properly exclaim, "In speaking of Dr. Weir, please, Sir, do not longer wear-y the indulgent listeners." Therefore, heeding this imaginative admonition, I will humbly request,

through you, Mr. President, that the Fellows of the Academy accept this likeness of the late President, Dr. Robert F. Weir, and place it where it will ever be an earnest to all whose worthy ambition may prompt them to emulate the many virtues of him whom this work of art so well portrays.

APPENDIX E

(See page 39)

This gift, a large, silver, two-handled loving cup, was presented by the spokesman of the class, Mr. F. Coerr, in a short speech of an elegance in diction and phrasing that much resembled the style of Lincoln. The following were its words:

Professor Weir:

We, your students of this school, asked you to come here today that you might receive at our hands and in our presence a reminder of our good-will toward you.

It is not for ourselves we would speak, but also for the many hundreds who before us were your scholars, and who, were theirs the opportunity, today would gladly do as we. We would ask you not to look upon this gift as in any way the measure of our regard, but rather simply as a token of the deep respect and true affection in which we hold you. And this with reason: for nations other than ours and other tongues know you and have done you honor. Our own country knows you and honors you; and you have been pleased to be her servant, a good citizen, a good soldier, in times of peace, in times of war.

In your profession you have stood in high places, but in none more honorable than that of teacher. We have been your students, and this we cannot soon forget.

Our feeling for you is one of envy of your skill—of wonder at your experience—of respect for the teacher—of affection for the man.

Doctor Weir, it is that you may sometimes recall that we, your scholars, have held you thus, that we ask you to take this, our gift.

APPENDIX F

(See page 39)

COLLEGE OF PHYSICIANS AND SURGEONS

MEDICAL DEPARTMENT OF COLUMBIA UNIVERSITY
NEW YORK

Resolutions Adopted by the Faculty at their Meeting Held Monday,
May 25th, 1903.

At a meeting, held on May the twenty-fifth, nineteen hundred and three, of the Faculty of the College of Physicians and Surgeons, the Medical Department of Columbia University, in the City of New York, it was unanimously

Resolved, That this Faculty desires hereby to express its great appreciation of the eminent services rendered to his medical alma mater by

ROBERT FULTON WEIR, M.D.,

a graduate of this College in the Class of eighteen hundred and fifty-nine, and an officer of the said College for the past thirty-six years.

Twenty years ago Dr. Weir was appointed Professor of Clinical Surgery; and ten years ago he was called, as Professor of Surgery, to the seat in this Faculty from which he has lately intimated his wish to retire.

Dr. Weir's distinguished career as a teacher has been coupled with a career no less distinguished as a private and public practitioner of Surgery. He was for twenty-seven years Visiting Surgeon to the New York Hospital, and he has held the same office at St. Luke's Hospital, the Bellevue Hospital and the Roosevelt Hospital.

His colleagues on each side of the Atlantic have borne witness to his high professional repute by electing him President of the New York Academy of Medicine, President of the American Surgical Association, and Honorary Fellow of the Royal College of Surgeons of London.

Of Dr. Weir's colleagues in this Faculty many have enjoyed the benefit of his teaching, and all unite in this proffer of sincere respect and hearty thanks.

Resolved, That the foregoing resolution be entered at large in the minutes of this meeting, and that a copy thereof be engrossed, signed by the President of the University and by the other members of this Faculty, and presented to Dr. Weir.

Signatures: NICHOLAS MURRAY BUTLER, LL.D., *President of the University.*

JAMES W. McLANE, M.D., *Dean.*

JOHN G. CURTIS, M.D., *Prof. of Physiology.*

GEORGE M. TUTTLE, M.D., *Prof. of Gynecology.*

GEORGE L. PEABODY, M.D., *Prof. of Materia Medica and Therapeutics.*

WILLIAM T. BULL, M.D., *Prof. of Surgery.*

M. ALLEN STARR, M.D., *Prof. of Diseases of the Mind and Nervous System.*

GEORGE S. HUNTINGTON, M.D., *Prof. of Anatomy.*

T. MITCHELL PRUDDEN, M.D., *Prof. of Pathology.*

EDWIN B. CRAGIN, M.D., *Prof. of Obstetrics.*

WALTER B. JAMES, M.D., *Prof. of Practice of Medicine.*

APPENDIX G

DR. J. B. MURPHY
RELIANCE BUILDING, 100 STATE STREET

CHICAGO, May 31, 1909.

DR. ROBERT F. WEIR,
30 West 50th Street, New York City, N. Y.

My Dear Doctor Weir:

It pleased me immensely to get your charming letter of May 25th. You have always been so generous and encouraging to me in my work. Your life has been an inspiration to every man in the surgical field. The zeal, scientific spirit and persistence of your labor would make a splendid model for aspirants in the medical profession. I am happy that this last procedure * meets with your approbation, and I hope to get a case in the near future in which the limb can be actually saved, as the technic is easily completed on the lines you reasoned out so many years ago. I greatly appreciate the spirit of your letter.

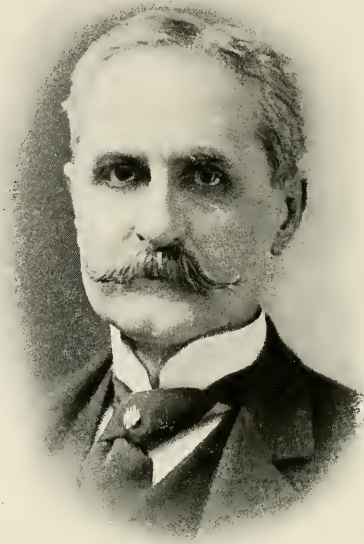
Looking forward to the pleasure of seeing you at the American Surgical Association in Philadelphia the latter part of the week, and with expressions of esteem, I am,

Very sincerely yours,

J. B. MURPHY.

* For surgically relieving a thrombosed artery.—R. F. W.

APPENDIX H



Dinner to
Dr. Robert F. Weir
on Saturday, December the tenth
One thousand nine hundred and ten
University Club
New York

APPENDIX I

Some two years ago Dr. Edward Souchon, of New Orleans, addressed a circular to the various surgeons in this country asking from them details as to the number and kind of surgical procedures or operations that they had originated. His collected information has, however, not yet been published. It was with some mortification that my answer to his queries was sent. For with an experience of nearly fifty years in hospital or private surgical work I was able to enumerate only a few examples that I believed of my own generating. There is excluded from this small list the improvements in technic and care that results from enlarged experience and acquaintance with the work and result of other surgeons. Indeed, it frequently happens, from an investigation of the printed records, that one's own baby had an unexpected father, and even now I am prepared to accept such a revelation in respect to my own claims, in spite of a diligent searching in the literature of our profession on this point.

I find, on overhauling records, principally set forth in the History of the College of Physicians and Surgeons, under the editorship of Dr. John Shrady, that I am credited with nearly one hundred articles or papers on surgical subjects, of which the titles are there given. Of these the major portion has passed into oblivion or been dwarfed in a short notice or accepted as a statement not necessarily original in our surgical works. Several might be cited as being descriptions of first operations of their kind done in America but of foreign origin. This was only due to the zeal and thoroughness of my own reading and familiarity with the specialty of surgery abroad—a something that was held in common to those of us who zealously scanned the journals in that department. These are passed by and only reference is given to those furnished in accordance with Dr. Souchon's request and as beforehand alluded to. They are as follows:

1. A Description and Treatment of Intratympanic Vascular Tumors with a Pulsating Intact Drum. *American Journal of Otology*, 1879.
2. Ununited Fracture of the Long Handle of the Malleus. Rosa, *Diseases of the Ear*, 1888. (I was Aural Surgeon at that period at the New York Eye and Ear Infirmary.)
3. On Traumatic Aneurism of the Vertebral Artery Cured by Compression. *Archives of Medicine*, April, 1884.

4. On Sacrematous Tumors of the Knee Joint. *Medical Record*, June 26, 1886.
5. On Laparotomy for Preparation of the Appendix Vermiformis 15 Hours After the Onset of Acute Symptoms—Recovery. *New York Medical Journal*, April 27, 1889. (This was the first of such operations performed at an early stage.)
6. Gastrotherapy—for Diminishing the Size of the Dilated Stomach. *Medical Journal*, July 9, 1892.
7. A Unique Derangement of the Knee Joint Demanding Surgical Interference (i. e., a synovial folding on the under surface of the patella, causing painful and difficult flexion). *New York Medical Journal*, July 16, 1892.
8. On the Replacement of a Depressed Fracture of the Malar Bone. (By opening the antrum and forcing up through this the depressed bone to its proper level.) *Medical Record*, March 6, 1897.
9. On the Surgical Treatment of the Sliding Hernias of the Cœcum or Sigmoid Flexure. *Medical Record*, April 2, 1900.
10. An Improved Operation for Acute Appendicitis or for Quiescent Cases with Complications. (Known as Weir's Extension of the Gridiron Incision.) *Medical News*, Feb. 17, 1900.
11. On a New Use for a Useless Appendix in the Treatment of Obstinate Colitis. (Fixing it at the skin level and through its opened tip washing out the diseased colon.) *Medical Record*, Aug. 9, 1902.

ERRATA

Insert in Item 4—Sarcomatous for Sacrematous

Insert in Item 5—Perforation for Preparation

Insert in Item 6—Gastrorrhaphy for Gastrotherapy

APPENDIX J

Dr. Carl Beck, of New York, dedicated his Clinical Description of the Roentgen Rays, 1902, as follows:

Viro per illustri atque celeberrimo.
Decoris artes Chirurgiæ Americanæ
Dr. Robert F. Weir
dedit primam descriptionem clinicam
de radiis Röntgeni
Novis Eboracis Aprilis Quint 1902—Autor

Dr. George E. Brewer, of New York, in his admirable "Text-Book on Surgery," 1903, made the following dedication:

To
ROBERT F. WEIR, M.D., Hon. F.R.C.S., Eng.,
Professor of Surgery, Columbia University, Etc.,
A Master of Surgery, A Scholarly Teacher, a Successful
Practitioner, My Honored Chief and
Valued Friend,
This Volume Is Affectionately Dedicated
BY THE AUTHOR

APPENDIX K

HONORS AND APPOINTMENTS

Hospitals:

Attending Surgeon, St. Luke's Hospital.....	1865
Attending Surgeon, Roosevelt Hospital	1871-1900, 1900-1906
Attending Surgeon, N. Y. Hospital.....	1876-1900
Attending Surgeon, Bellevue Hospital	1881-1884
Attending Surgeon, St. Luke's Hospital	1865, 1873
Attending Surgeon, N. Y. Eye and Ear Infirmary.....	1870-1880
Consulting Surgeon, N. Y. Cancer Hospital.....	1888
Consulting Surgeon, N. Y. Hospital for Ruptured and Crippled..	1882
Consulting Surgeon, French Hospital	1875
Consulting Surgeon, St. Vincent's Hospital	1896
Consulting Surgeon, N. Y. Institute for the Blind.....	1900
Consulting Surgeon, N. Y. Hospital	1900
Consulting Surgeon, N. Y. State Hospital for Crippled and De- formed Children	1900
Consulting Surgeon, Roosevelt Hospital	1906

Colleges:

Professor Surgery, Women's Medical College	1882
Professor Clinical Surgery, College Physicians and Surgeons.....	1884
Professor Clinical Surgery, N. Y. Post-Graduate School.....	1888
Professor Surgery, College Physicians and Surgeons.....	1892

Societies:

Therapeutical Society, Vice-President	1879
Practitioners' Society, President	1883
N. Y. Surgical Society, President	1884
N. Y. Academy of Medicine, Vice-President, 1884; President....	1900
Medical Society Greater New York, President.....	1900
American Surgical Association, President	1900

Clubs:

University Club, N. Y.....	1881
St. Nicholas Society	1882
Century Club, N. Y.....	1884

Other Honors:

Member of the N. Y. Medical and Surgical Society.....	1875
Membre Correspondant Société de Chirurgie, Paris.....	1893
Fellow College Physicians, Philadelphia.....	1894
Fellow Philadelphia Academy of Surgery.....	1898
Honorary Fellow, Royal College of Surgeons, England.....	1900
Honorary Fellow, American College of Surgery.....	1915
Physician, St. Nicholas Society	1908
Chevalier of the Order of Bolivar *.....	1890
And many others of lesser importance.	

* Of this a few words may be noted. The distinction was given me by reason of a successful extirpation of a cancerous tongue from a noted Vice-President of Venezuela. He was a small man with a soft, pleasant voice and gentle manners. On asking his secretary how so mild and inoffensive a man achieved such distinction in so well-known turbulent a country as Venezuela—he snorted: “Inoffensive you call him. Do you know how he secured his election as its Vice-President? No! I’ll tell you: he met his two competitors at a dinner and shot both of them!”

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